ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Objective 1: The disease patterns in Mae Sot were that of common, non-communicable diseases such as diabetes, heart disease, COPD and stroke. These conditions presented late and as a result more severe than is seen in the UK, due to a lack of preventative medicine, public health programs and access to a GP or equivalent. Medications to treat these conditions (e.g. insulin, antihypertensives) were not always readily available to the clinic or not taken by patients when they were prescribed - as a result patients often came back in to the clinic with regualr exacerbations or consequences of the disease.

Alongside this were high rates of communicable diseases such as TB, parasitic and other tropical diseases. The displaced population of Myanmar had high rates of HIV and other bloode borne viruses, as is common in developing countries, caused by may compounding factors e.g. lack of public health awareness/access to testing/contraception.

Due to this, I quickly learnt to consider HIV and other bloode borne viruses much higher up on the list of potential diagnoses. There was a huge amount of stigma surrounding HIV, further exacerbating the high rates of the disease. Partners of those diagnosed with HIV often still refused to get tested themselves.

Exposure to these conditions, particularly TB and end stage HIV, was an incredible learning experience but also quite difficult to see.

Objective 2:

Health provision from the state in Thailand and Myanmar is a private, paid for service. This is supported by charities and NGOs providing free healthcare to those who cannot afford to pay or cannot access private hospitals. The displaced population would find it particularly difficult to access state run healthcare due to not being recognised as citizens by the Thai government, as well as not being able to afford it. Whilst at the clinic we learnt about the 'backpack medics' that the clinic trains and supports. These medics trek into the jungle to run clinics for rural communities who otherwise would not be able to access healthcare.

There was no provision for those needing long term care or support, leading to many with disability due to stroke or other illness, staying for long periods of time at the clinic or larger state hospital.

Objective 3:

The health inequalities experienced by displaced communities in Myanmar and Thailand are huge. WIthout the clinics help, the displaced refugee community living along the Thai-Burmese border would have little or no access to healthcare. Their backpacker medic outreach programs work alongside the clinic to try and alleviate these health inequalities. Those seeking asylum and who have refugee status in the UK do have access to free healthcare from the NHS, but are often unregistered with a GP or not aware of the services available to them.

Objective 4:

Experiencing such a low resource setting really challenged my diagnostic abilities and was a very valuable learning curve! The difficulty was, that even if you could come to a specific diagnosis without the blood tests and investigations we are used to, there was often no treatment available - whether that be medicine or a procedure, and that was quite difficult to deal with.

I felt I adapted well to this environment, learning as much as I could from the local medics.

I realised how much we take for granted back home the opportunity to ask for tests, investigations, make referrals to other teams or hospitals, and carry out procedures or start treatment without first having to stop and consider the cost or resource allocation. This was a constant issue for the staff at Mae Tao Clinic. For example, if a woman needed a C section, this would involve the clinic paying for the procedure and transport to the larger, state run hospital. This ultimately led to women being trialled with natural deliveries for far longer than would be considered safe in the UK. The fact that resources and funds were spread so thinly was definitely detrimental to patient outcomes. However, this has to be considered in the context of these patients having no access to healthcare at all without the provisions of the clinic.

I felt I was able to adapt well to this new clinical environment, particularly in terms of getting used to consultations using an interpreter, and I believe this was a valuable experience that I will take forward in my future career.

My experience at Mae Tao clinic has been an incredibly educational experience.

I rotated through the medicial inpatient ward, maternity ward, antenatal clinic and medical outpatients. This gave me a wide range of experiences and exposure to different areas of the clinic.

My time on the maternity ward was incredibly different from my UK placement. The clinic did not perfom caesarean sections, and attempted many breech deliveries naturally. This approach was so different from the very risk averse deliveries I have seen in the UK, and initially made me feel very uneasy. However, I found that I had to trust in the local medics (equivalent of midwives) knowledge and experience.

Whilst we were there, one newborn was left on the ward by its mother, and was going to be taken to an orphanage. This was apparently quite a common occurrence, and likely due to the family being unable to afford to care for another child, or that the mother was without a partner.

I also saw a couple of cases where women presented after what was thought was attempts to abort their pregnancy. One woman was incredibly unwell and it was distressing to see what can happen when women have no legal option to have an abortion.

The clinic provided family planning services, in a hope to allow women a choice about pregnancy and hope to reduce these incidents in the future.

I learnt to adapt my history taking in line with cultural differences in social circumstances and practices - for example asking about the chewing of betel nut. This is an issue I will remember to consider in the future when seeing patients in London from a wide variety of ethnic, cultural and religious backgrounds.