

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

### **What are the prevalent orthopaedic conditions in Thailand? How do they differ from the UK.**

As a low-middle income country, a major burden of morbidity and mortality in Thailand is formed by non-communicable diseases. Nevertheless, infectious diseases such as malaria and tuberculosis are very prevalent and the latter was very evident during my placement at Chulalongkorn University. Many presentations of back pain, spine fractures and neurological pathology were due to tuberculosis of the spine (Pott's disease). The traffic in the roads of Bangkok is notorious and the large number of motorbikes in the roads leads to a large number of road traffic accidents, which is a major public health issue. The growing number of vehicles has far surpassed the capacity and quality of the road and highway network in Bangkok and surrounding areas as well as the traffic laws, training and licensing. The absence of any substantial pre-hospital care or a quality ambulance service means patients arrive late to hospital leading to increased morbidity and mortality. Motorcycle accidents account for the majority (72%) of hospital admissions due to traffic injuries. As a result, trauma is the second leading cause of death in Thailand after heart disease. Nevertheless, at least in the metropolitan area of Bangkok, standard of living is quite high and orthopaedic conditions that are prevalent are very similar to the UK for example joint disorders and bone fractures due to recreational activities. Also, the quality of healthcare is again at very high standards.

### **How are orthopaedic services organised and delivered in Thailand. How does it differ from the UK.**

Hospital orthopaedic services at King Chulalongkorn Memorial Hospital do not differ significantly from the UK and surgical practices are very much to western standards. The same is true about IT and other equipment which is sometimes more advanced to equipment seen in NHS hospitals. Operating theatre procedures are very much similar to the UK with a lot of emphasis on sterility and safe surgery but one thing I noticed is despite the fact that the WHO checklist was completed at some point during the operation, it was not done formally.

A big difference in the provision of healthcare in Thailand is the evident lack of primary care. Patients with any form of presumed orthopaedic problem self-refer to secondary/tertiary care hospitals and their condition dealt directly by specialists, leading to big queues and waiting times in the outpatient department.

An example of how reduced availability of resources affects the management of orthopaedic conditions in Thailand is the use of unipolar vs bipolar arthroplasty for hip replacement surgery. In a unipolar hemiarthroplasty, the prosthesis is in direct contact with the acetabulum contrary to the bipolar where there is an additional artificial joint between the two components of the prosthesis reducing acetabular wear and increasing the viability of the joint. In developed countries such as the UK, bipolar prosthesis are almost done exclusively but in Thailand, some patients cannot afford and might not be covered by insurance, hence receive unipolar prosthesis

leading to higher incidence of acetabular erosion.

**Compare the availability of resources between a large metropolitan city such as Bangkok compared to London.**

Almost 94% of Thai citizens are covered by some form of insurance policy, most by a cheap government health insurance that covers most of their expenses at public hospitals. There are three programmes providing universal health care in Thailand. The civil service welfare system covers civil servants and their families, social security for private employees and the government universal coverage scheme which is available to all other Thai citizens and is means tested (known as the 30-baht project introduced in 2001). Thai hospitals also fall into three categories: public, private and those run by non-governmental organizations such as the Thai Red Cross, which runs King Chulalongkorn Memorial Hospital. Any Thai citizen can attend public and NGO hospitals but contrary to the NHS they are not free at the point of care. In the hospital wards and outpatients department, paper records are still being used but there is extensive use of IT to review scans and other information. Moreover, prescribing is extensively done electronically. An issue that arises is that since there is no primary care there is no centralised location for the patients' notes, hence patient records tend to be incomplete as they move from different hospitals and different consultants. As a healthcare system, the Thai government funds medical students throughout their studies (6 years) but requires them to work in public hospitals where there is need, such as rural areas, for an internship of at least 3 years before they start any speciality training as a resident, which takes around 5 years.

**Reflect on the experience gained at King Chulalongkorn Memorial Hospital and how this may help me to become a better doctor in the UK.**

My 6-week elective placement at a large teaching hospital in the heart of Bangkok was a fulfilling and eye opening experience. I chose King Chulalongkorn Memorial Hospital as it is a large secondary and tertiary teaching hospital, linked to one of the oldest and most renowned medical schools in the country. I got to experience a healthcare system very different than the NHS and appreciate their strengths and weaknesses. I was fortunate to be around leading clinicians keen to teach and interact with local medical students. This elective also gave me the opportunity to deepen my knowledge beyond the standard medical school curriculum and explore orthopaedic surgery as a potential future career for myself as I rotated around orthopaedic subspecialties of spine, sports, trauma, foot and ankle. Despite the fact that I will have an orthopaedic rotation during my foundation programme, it will undoubtedly be beneficial during my on-calls and emergency medicine rotation.