

ELECTIVE (SSC5b) REPORT (1200 words)

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

Describe the pattern of diseases in the population and compare this to those of the UK.

The UK is a developed country, with the largest disease burden from non-communicable disease as a result of an increasingly aging population. In contrast, Sri Lanka is a developing nation, which still experiences a communicable disease rate comparatively higher than the UK. Some of these include health risks that do not exist or are extremely rare in the UK. One of these is dengue fever, which is spread by mosquitoes. This is a health risk that was discussed with me at my occupational health appointment before leaving for Sri Lanka, in particular the use of preventative measures such as nets and repellent, as there is no vaccine or cure. I have witnessed the importance of such measures whilst in Sri Lanka, as another UK medical student was hospitalised with dengue fever.

However, in recent times the life expectancy in Sri Lanka has been increasing, and fertility rates have been decreasing. In fact, Sri Lanka has the lowest infant and under-5 mortality rates of the region [1]. Therefore, with the demographic transition underway, Sri Lanka has seen a rise in the prevalence of non-communicable conditions which are commonly seen in the UK such as diabetes, back pain and stroke. This has created a double burden of disease in which there is an increasing need for ongoing care.

Describe the role of the department of Community Medicine in health provision, and compare this to the role of primary care and public health in the UK.

Healthcare in Sri Lanka is mostly provided and paid for by the public sector. Most of this care takes place in hospitals. From discussion with Prof de Silva, general practice is not a commonly utilised service within the public sector. It's biggest use is through private clinics in the evenings. This is because it allows patients to bypass the queues of people at the hospitals when seeing a doctor, and hence prevents loss of income.

The department of community medicine in Galle is more akin to public health medicine in the UK than general practice. It is responsible for health, and the prevention of ill-health via improving social determinants of health such as education and sanitation. During my time with the department, I went on several visits and saw the practice of many disciplines including occupational health, physiotherapy and occupational therapy. Traditional, non-Western medical therapies are also utilised more frequently through community medicine in Galle compared to the UK. I was fortunate to have the opportunity to visit an Aryudevic hospital during my time in Galle. Whilst there, I witnessed and assisted with leach therapy for leg ulcers. I was also able to see how the herbal medicines are produced, and to try some of these myself, which I found extremely interesting.

Compare and contrast the impact of social determinants of health in Sri Lanka and the UK.

Water supply and sanitation is good in Sri Lanka compared to the rest of the region, with coverage of 84 and 86% respectively, but is lower than the UK. The education system is similar in Sri Lanka to the UK, with school being free to access. However, it is compulsory for boys and girls from the ages of 4-14 years in Sri Lanka, compared to 4-18 years in the UK. During my time in Galle I visited a cement factory, and was impressed by the standards of occupational health being practiced there, for

instance personal protective equipment being adequately used, and those doing repetitive jobs taking regular breaks to reduce the risk of repetitive strain injuries. However, this was an award winning centre, and I was told that this was not the case for many smaller factories.

Family is much more integral to society in Sri Lanka than it is in the UK. For example, the rehabilitation centre we visited funded one physiotherapist and one occupational therapist to oversee care of the entire centre, but it was up to the patient to organise someone to assist them 1:1 with their care. This could be via paying a private worker, but was often undertaken by a family member, who would be trained at the centre.

However, for patients whose families cannot or will not help, there is less support available in Sri Lanka. Government funding for social care services is very low, with carers receiving only 500 Sri Lankan rupees a month (approximately equivalent to £2.50). Hence, much of this is undertaken via charities. I visited an elderly care home during my time with the community medicine department, and was surprised by the difference in the amenities and staffing levels compared to those in the UK. For example, in the UK residents of elderly care homes usually have private rooms, or share with one or two others, and there are usually 2-3 carers per home during the day, with shift work pattern. However in the elderly home I visited in Galle there was one carer per ward, consisting of around 8-12 beds in the wards with sick patients, who lived on the ward and was always on duty.

Reflect on whether I would wish to pursue a career in preventative medicine.

I have thoroughly enjoyed my time with the community medicine department at the University of Ruhuna, and found it eye-opening. I would recommend this placement to other students interested in public health. I find preventative medicine a very interesting field, and like the approach of striving to maintain health and wellbeing, as opposed to treating and managing disease states. I also like the variety of different tasks and fields such a job provides, for example encompassing politics, law, business and advertising. However, I also enjoy clinical medicine, and getting to know patients. Therefore, I feel either a job in general practice or as a portfolio doctor would be potentially a good thing for me to pursue, as they can easily encompass a varied working life, with a focus on both preventative and clinical medicine.

References

1. WHO | Sri Lanka: Main public health issues and concerns [Internet]. Who.int. 2017 [cited 9 June 2017]. Available from: <http://www.who.int/hac/donorinfo/lka/en/index1.html>