

ELECTIVE (SSC5b) REPORT (1200 words)

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

I arranged my last 4 weeks of elective in Mae sot, Tak, Thailand. This takes place in Mae Tao Clinic. Mae Tao Clinic is the only charitable clinic for Burmese and Karen population around the Thailand-Burmese border. This clinic was established in 1989 by Dr. Cynthia Maung and other Burmese refugees. There are usually around 200 patients attending the clinic each day and there are also in-patient wards with total of around 100 beds. The clinic also serves as a training ground for Burmese medics. I think that this will be a good opportunity for me to see pathologies due to tropical diseases such as malaria, typhoid, parasite and diseases related to poverty. I was also hoping to experience Thai and Burmese culture and lifestyle.

Mae Sot is situated in the Northwest of Thailand and share its border to Myawadde city, Burma. The clinic itself first founded due to civil unrest in Myawaddy to treat the injured. Since 2010, the situation in Burma have improved and the pattern of illnesses turn from gun shot wound, blast injury and stabbing to viral illnesses, tropical diseases and degenerative conditions. Mae Sot itself holds large number of Burmese refugees and migrant workers as a Thai-Burmese trading hub. With an estimate of over 200,000 Burmese living in Mae sot and surrounding area.

The pattern of illness seen in the clinic is in contrast to Bangkok and the UK, with high prevalence of malnutrition, vitamin deficiency, worm infestation, fungal infection, bacterial and viral infection. HIV is very common and eventhough funding is available for anti-retroviral, many defaulted from the clinic due to their social, financial or psychological issues. This has created problems with opportunistic infections and serious CNS infection. For the same reason, these patients has also become a host for multi-resistant tuberculosis. Liver cirrhosis due to hepatitis B, C and alcohol is also on the increase, occupying a quarter of in-patient department. Viral hepatitis partly responsible by vertical transmission due to poor screening of the mother, horizontal transmission from unprotected sex and poor screening of blood products in Burma leads to transmission of these viruses to thalassaemic patients who require regular blood transfusions. Alcohol partly responsible for speeding up liver cirrhosis in patient infected with chronic viral hepatitis. By itself, problem of withdrawal and the needs for detoxification as an in-patient once patient abstinence from alcohol. It also creates a tendency for abuse in the family and money spent on alcohol instead of food. Tropical infections have been decreasing with effort to increase hygiene and mosquito eradication programme. However dengue, malaria and meningitis are to be considered in any patient presented to the clinic. Recently there was a resurgent of cases around Mae Sot with multi-resistant malaria which was resistant to all anti-malarial medications.

Burmese who are not qualified for treatment in Thai district hospital will have to go to Mae Tao Clinic. However, most Burmese who do qualified do not want to go to Thai hospital due to language barrier and unfortunately Burmese are not treated with equal respect in Thai hospital. It is hard to comment on the services provided in Mae Tao Clinic because I have never visit any other charitable clinic but all the patients who came to Mae Tao Clinic will be seen and there will always be doctor around for further consultation and if needed, they can be referred to Thai district hospital. Referral system depends on their insurance status, possibility of funding base on case to case and patient's ability to pay.

I rotate between department on a weekly basis with a mixture of in and outpatient departments. I was assigned to take history with the medic, perform physical examination, and formulate diagnoses based on findings, and make treatment plan in conjunction with the resources provided. Here, I learned how to do basic investigation and staining technique for microbiological purpose. However, investigations are very limited as they can only do bloods such as haemoglobin, haematocrit, malaria and parasitic screen on-site. Other bloods need sending to Thai district hospital. Their only imaging is ultrasound; there are no X-ray or CT scan. Therefore, most of the diagnoses were not confirmed and empirical treatment is often given. In occasion that the patient died, there is no autopsy and it is often left unknown to the family as of why the patient passed away. Their pharmacy has limited choice of medications and often has no first line treatment and alternative will be used. On many occasions, patient will have to self-fund his or her own medications if it is not available in the clinic. If unable to, a funding maybe available for serious conditions.

Mae Tao Clinic physicians are mainly medics who underwent one and a half year of medical training in a medical camp and then assigned to work in the camp of their preference. From my four weeks in Mae Tao Clinic, these medics have tremendous experiences with senior medics working for more than 10 years. They know the management plan by heart and able to treat patient very effectively both in and out patient setting. They are so good at fluid management particularly in disease such as dengue where fluid needs to be carefully titrated to avoid fluid overload and also to make sure the patient does not goes into acute kidney injury. However, with only a short period of medical education, they tends to struggle with complicated cases. Especially in patient with endocrine problems.

For the whole duration of my elective in Mae Tao Clinic, I always felt welcomed both by the medics, staffs and the patients. Even with poor condition of living, they always smile, always live happily and support each other as a community. I found this very impressive and I hope they always have Mae Tao Clinic to support both their mental and physical health.