

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 first 2 weeks elective in Bangkok, Thailand, at King Chulalongkorn Memorial Hospital. It is one of the biggest public hospital in Thailand providing over 3,000 in-patient beds, 500 outpatient appointments a day and responsible for accepting referral from all over the countries. At the present, King Chulalongkorn memorial hospital is partly funded by Red Cross Thailand, charitable organisations and by the government. It is also regarded as one of the best medical school in Thailand. As a teaching hospital, I think King Chulalongkorn Memorial Hospital will provide suitable learning experience for my elective in Neurology.

Bangkok has been the capital of Thailand for over 200 years and enjoyed rapid urbanisation from 1960 onwards. Illnesses seen in Bangkok are very different from other part of the country, with much less prevalence of parasitic, rabies and mosquito bourne infection. Increase in overall hygenic standard leads to rapid reduction in the number of tropical infections however westernisation, technology, city life, lack of exercise, change in diet and increase life expectancy leads to rapid increase in degenerative diseases such as atherosclerosis, stroke and degenerative CNS disorders. Pattern of disease is shifting towards disease seen in the UK with a mixture of tropical illnesses. There is currently no known emerging pathogen within Bangkok but the lack of regulation and improper use of antibiotic for a very longtime have led to numerous resistance strains of bacteria. Urinary tract infection is now treated with meropenem. Penicillin nolonger have a place to treat infection, instead co-amoxiclav and third generation cephalosposin have become the first line treatment. Number of improper antibiotic prescription is unlikely to go down due to lack of appropriate communication with patient and antibiotic are also prescribed on patient demand.

Private sectors played huge role in Bangkok, providing services to over a quarter of the population in Bangkok compare to the UK, which only provide healthcare for minority of the population and comprise 1-2% of the healthcare system. This different is partly due to lack of funding and very low salary in Thailand, more senior staffs opt to work for private sector, which pays at least 5 times more. Even in public sector, healthcare in Thailand is not always free with many funding and regulatory bodies that is very difficult to understand. However, most essential care is free if the patient is unable to pay. Thai's healthcare system share many similarities to the USA with insurance and private sector providing care for the rich and the poorer basically go to public to receive care. King Chulalongkorn Memorial Hospital itself is public funded and are also a main tertiary referral centre for rare diseases with centre of excellences for most specialties. Therefore patients who cannot be managed in the provincial hospital will be referred to King Chulalongkorn Memorial Hospital for further treatment and management.

There is no GP or family medicine training in Thailand and most patients will need to go to the hospital to see doctor. Unlike in the UK where main focus lies with the GP and community care. I found Thailand healthcare that relies on hospital resources ineffective as not only the patient have to

travel longer distance to the hospital, they also need to wait for hours due to number of patient load. There is currently a push for more community clinic to reduce the load from the hospital and instigating the GP system similarly to the NHS. But given the mindset of doctors in Thailand, this maybe difficult as most doctors are aiming for a specialist post and not the general practice. Thai medical schools lack general practice teaching unlike in our medical school where times were invested into teaching student the idea of primary prevention and family medicine.

I am motivated to learn more about Neurology as it is the specialities that I am intrested in. During my 2 weeks, I have been assigned to follow neurology resident. The hospital itself is well equipped. There are eight MRI machines in the hospital and non-urgent scan can be done within 1-2 days. There are also dedicated stroke unit and fast track system similar to the UK, which aims to provide patient with CT scan and necessary tests, so that tissue plasminogen activator can be given within the time frame. There are also dedicated radiology department, if the patient have a confirmed diagnosis of distal internal carotid artery or proximal middle cerebral artery ischemic stroke and the patient have contraindication to thrombolysis, interventional radiologist will happily perform thrombectomy/embolectomy. Wardround here is very similar to the UK with the consultant overseeing difficult cases and new admission. Senior residents responsible for monitoring chronic patients. Most of the treatment available in the UK are also readily available in King Chulalongkorn Memorial Hospital. However, expensive treatment such as IVIG will require consultant approval.

In Thailand, after 6 years of medical school, they go on to do intern year, which lasted 1-3 years. Here, they are required to do almost as twice the hours compare to UK foundation year doctor with at least two 24 hours shifts a week. Then they can go on to specialty training and will be referred to as residents. If they decided not to do specialty then they become a GP. There is no specific GP training in Thailand. Neurology resident lasted 4 years, comprise of first year internal medicine and the rest work as a neurology resident. Their day start from 5.30-6.30am and ends around 4-5pm. Most days are comprised of bedside teaching, wardround, case discussion and lecture. In addition, they are required to do 24 hours shift once every 3 days.

This elective gave me comprehensive insight into Neurology. Both in term of clinical experience, opportunities to learn from lectures and case based discussions. I have also able to learn Thai culture and interact with Thai medical students.