

ELECTIVE (SSC5b) REPORT (1200 words)

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

I spent 3 weeks at Mahachaipectharat Hospital, a private 100-bed hospital located in the Phetchaburi Province, around 45-60 minutes drive from Hua Hin (where I stayed throughout my time here). It was founded in 1996 as the first private hospital in the Phetchaburi Province under the philosophy of 'Attentive Health Care'. It is a modern hospital containing all the facilities one would expect to find in a general hospital providing secondary care, including an Emergency department, a Radiology department with CT scanners, operating theatres/catheterisation laboratories, inpatient wards and an 8-bed ICU. Although the majority of patients are local Thai residents, approximately 35% of patients attending the hospital are foreigners. As a result, staff working at the hospital must be able to speak both Thai and English.

Throughout my time on this placement, I was mainly looked after by 2 hospital representatives called Nita and Siya who were primarily responsible for liaising with and providing assistance to the many English-speaking foreigners attending the hospital both as a point of contact and for translation services any of the clinical staff required. As a result, their spoken English was excellent and they were both very kind, welcoming and friendly and guided me around expertly throughout the placement. For part of the placement, I was also joined by Louisa and Ellen who were 2 final year medical students from Charleston, South Carolina, United States, who were also staying in Hua Hin. It was really interesting getting to know them and spending time socialising with people who were at exactly the same stage of training as myself and comparing and contrasting our respective medical careers and discussing the similarities and differences in our respective healthcare systems.

Hua Hin is a seaside beach resort town located in the Prachuap Khiri Khan Province and is located 3-4 hours south of Bangkok. It has a population of approximately 85000 which is made up mostly of local residents and retiree expatriate Western foreigners ('farang') seeking all the delights Thailand has to offer in a more relaxed, family-friendly environment. Hua Hin rose to prominence in the 1920s when the Thai Royal Family used this once small fishing village as a summer holiday destination away from the hectic urban lifestyle of Bangkok. Even to this day, Klai Kangwon Palace in Hua Hin still remains an official royal residence and is frequently inhabited by members of the Thai royal family. Nowadays, Hua Hin is a fashionable weekend getaway spot for the middle-class residents of Bangkok partly due to its long white sandy beaches, modern shopping malls, an abundance of restaurants serving freshly caught seafood and plenty of family-friendly entertainment on offer.

Given the location I was based in throughout this placement and the demographics of the local population, a lot of the patterns of disease/illness mirror that of a Western society including things like hypertension, diabetes, obesity, etc., along with some of the common tropical diseases such as malaria and dengue fever. There was also a relatively high prevalence of other communicable diseases such as HIV and TB, which were also routinely tested for in patients. This is perhaps not surprising as Thailand is still developing as a country yet given the relatively recent influx of wealth

into the local area, there is an increasing incidence of diseases/illnesses that are more commonly found in a Western society mixed with some of the more classically observed tropical and communicable diseases seen in this part of the world. As the economy in Thailand develops, these types of health inequalities will only become more apparent in the future which holds its own challenges in the ways clinical care is provided in Thailand in the future.

Another interesting aspect I noticed throughout my time here was the obvious disparity in wealth amongst the population. Thailand is middle-income country with a rapidly developing economy which inevitably means that a proportion of the population live below the poverty line. In response to this, the Thai government set up a universal public healthcare system in 2002 which provides universal health coverage for all Thai nationals at relatively little to no cost. Despite this, approximately 35% of all healthcare in Thailand is still provided through the private sector. During my time on this placement, I had the opportunity to visit a public hospital in the Phetchaburi Province. What really struck me from the outset was how basic some of the facilities were and how challenging the conditions were for both the clinical staff and patients. Although the hospital contained a wide range of departments and services, some the basic facilities such as air conditioning and sanitation were lacking and many of the wards were overflowing to the point where patients had to be placed onto beds in the corridor or outside. This is compared to Mahachaipectharat Hospital where although they charged money for healthcare provision (as a private sector hospital), the conditions were far superior and they really placed value on good customer service as well as providing excellent clinical care. I found this a difficult moral conundrum to comprehend as I have only ever truly experienced a healthcare system which provides free access at the point of care, having grown up with the NHS in the UK. I believe that free healthcare should be a fundamental right yet I cannot advocate one of my relatives being admitted to a public hospital in Thailand. What was also interesting was the fact that the majority of doctors working at Mahachaipectharat Hospital also divided some of their time to work in the public hospital.

I observed several interesting cases throughout my placement. The first case was a British patient who had come for an elective inguinal hernia repair. There were several differences in the way the whole admission and surgery was carried out compared to what I have experienced in the UK. Firstly, the whole surgery was done under local anaesthetic with a spinal injection used (compared to general anaesthetic in the UK). I also noticed that although the operating theatres looked similar to the UK, a lot of the equipment such as drapes, etc. were reusable and the team were a lot more economical with regards to the use of the surgical instruments and swabs. I managed to scrub in to assist the surgery. The lead surgeon and scrub nurse were very knowledgeable and took the time explain the anatomy of the surrounding structures and taught me to suture and close the patient. I subsequently learnt that surgery does not occur very regularly in the hospital as there is only one anaesthetist serving the entire province so it was a real privilege to observe and take part in some during the placement. Afterwards, the patient was sent back up to his private room to recover overnight with one-to-one nursing care. This contrasts to the UK where elective hernia repairs are usually performed as a day case with the patient leaving the hospital on the same day.

Another interesting case was a Norwegian male who was being treated for suspected spinal osteomyelitis/TB. Although the treatment and management was fairly routine, he was attempting to cover the substantial costs of a long course of antibiotics and/or potential back surgery through his travel insurance. This created another convoluted layer of bureaucracy as Nita had to chase the details of his insurance company and confirm that the patient was covered for this treatment before treatment could start. Although there was less risk in delaying this patient's treatment for a short period, this could potentially become a very difficult situation to manage in an emergency situation.

Finally, I was able to follow a case of a Thai gentleman who was admitted with gallstone pancreatitis and acute cholecystitis. Whilst the definitive treatment and management is an ERCP and laparoscopic cholecystectomy, an alternative treatment option of an open cholecystectomy had to be discussed with the patient as he could not afford to pay for the first-line treatment. What really struck me was the difficult balance that had to be made between economical benefit and clinical need in this case.

Overall, I really enjoyed my time at Mahachaipectharat Hospital. It was a fascinating experience observing a different healthcare environment where decisions are not only based on clinical need but also economical factors as well. The staff at the hospital went out of their way to make me feel welcome and involved and this really entwines nicely with the Thai culture of friendliness and welcoming. I would like to say a huge thank you especially to Nita and Siya for providing me with guidance and help throughout the placement and to Louisa and Ellen for showing me the ropes and helping me not get lost around Hua Hin.