

SSC 5c- Elective report 2011**• What are the prevalent orthopaedic conditions in Sri Lanka and how do they differ from the United Kingdom?**

I was fortunate enough to be attached to an orthopaedic team in Karapitiya, Galle for five weeks. I was amazed to discover that there is a severe shortage of orthopaedic surgeons in the country. A figure mentioned to me was in the ballpark of less than one hundred orthopaedic surgeons for a population of over twenty million. With such a disparity between needs and resources it was no surprise to see the orthopaedic unit was one of the busiest in the hospital, receiving patients from a wide geographical area. This means Orthopaedic surgeons in Sri Lanka do not sub specialise into operating on localised regions of the body, and perform surgery on both adults and minors. This also meant I was able to observe the management of a huge diversity of orthopaedic conditions within a short period of time from septic arthritis, osteochondromas, traumatic injuries, congenital deformities and degenerative disease.

I quickly realised from personal experience that standards of road safety in Sri Lanka are less vigorous than those found in western countries. For example, it is not the law for passengers to wear seat belts in vehicles. It is also a common practice for people not to wear helmets or head protection whilst driving motorbikes. Unfortunately this means the level of traumatic injuries as a result of road accidents is considerable and puts a significant burden on orthopaedic units throughout the country. I also found that trauma resulting from physical violence is surprisingly common. In contrast the common orthopaedic conditions in the UK include fractures neck of femurs and osteoarthritis.

• How is the healthcare system organised and accessed by individuals, and how does this differ from the United Kingdom?

The healthcare system in Sri Lanka is organised into private healthcare and government funded healthcare. Individuals who can afford to pay for their medical care usually choose to utilise the private hospitals located in the cities of Sri Lanka. This is because they offer services that are of a superior quality to that found in government funded hospitals. Private hospitals have the financial resources to offer patients the use of modern technology such as MRI scanners, they also operate shorter waiting lists for procedures, have a longer duration of post-operative aftercare and have cleaner hospital wards. Unfortunately most Sri Lankan citizens are unable to afford private healthcare and so rely on the government funded hospitals, which have limited financial resources and therefore longer waiting lists for procedures, scarce hospital beds, insufficient hospital equipment and a shortage of doctors. Despite the difficulties of working in a government funded hospital, the doctors and allied healthcare professionals maximise the resources that are available to them. They aim to provide the best level of healthcare possible under the strained circumstances and have a great turnover of patients treated for a variety of ailments.

I learnt that they need to use a conservative approach to treating all patients and in some cases not treat at all. There is increased pressure to prioritise patients in terms of needs and outcomes. Sometimes techniques and treatment fall far below what is expected to be a minimum standard in the United Kingdom, but both patients and doctors realise the reality of healthcare in Sri Lanka and that alternatives are not available. The government funded hospitals can be thought of as a basic and primitive National Healthcare Service where healthcare is free to access. However the lack of finance results in a strained and over run healthcare service.

- **How do socio-economic factors affect the health of people in Sri Lanka**

Wealth plays a significant role in the level of healthcare received by patients in Sri Lanka. The minority of people who can afford private healthcare receive superior services to those who can not. Those of a lower socio-economic group also have deficiencies in dietary requirements which have a significant impact on their health. In terms of geographical location, patients who live closer to the major cities have easier access to hospitals than those who live in the villages and countryside. There was little in terms religious or ethnic factors which influenced the healthcare received by patients, that I was able to observe.

- **By reflecting on your experiences during the elective, what have you learnt and what impression has it made on you?**

In my opinion, the elective to Karapitiya Teaching Hospital in Galle was a great experience. I was able to meet a team of highly dedicated doctors who aimed to provide the best quality of healthcare for their patients despite the difficulties of limited resources. I felt patients were always grateful for any intervention the doctors could offer and that they possessed a high regard for the medical profession in general. I felt fortunate to be able to witness the management of such a diversity of orthopaedic conditions and am now more confident in my ability to interpret x-rays of the skeleton! This experience has taught me the management of conditions which are not frequently seen in the UK. I also found I enjoyed the hospitality and friendly nature of the people of Sri Lanka, and would recommend this elective to future elective students.

APPENDIX 2

SSC 5c (Elective) Placement Registration (to be handed to your assessor/supervisor at the receiving institution as you start)

Student's name and contact details:

FARZANA ALI ha06119@qmul.ac.uk.

Elective subject:

ORTHOPAEDIC SURGERY

Elective location;

SRI LANKA

Supervisor's name and contact details:

DR SWARNAKUMAR.

KARAPITIYA TEACHING HOSPITAL, GALLE, SRI LANKA

OBJECTIVES SET BY SCHOOL	
1	What are the prevalent orthopaedic conditions in Sri Lanka & how do they differ from the UK?
2	How is the healthcare system organised and accessed by individuals, and how does this differ to the UK?
OBJECTIVES SET BY STUDENT	
3	How do socio-economic factors affect the health of people in SL?
4	By reflecting on your experiences during the elective, what have you learnt and what impression has it made on you?

Hazard Checklist (to be given to student on arrival)

Hazard	Problems	Tick if appropriate	Comment
Climatic extremes	Dry/desert, monsoon/storms, oxygen deficiency/rarefied air, sunburn/skin cancer, Tidal/water/wind considerations		N/A
Contact with animals (wild or domestic)	Allergies, asthma, (bites, dermatitis, rabies, stings, other physical contact)	✓	rabid dogs
Contact with insects	Bites/stings Lyme's disease, malaria, yellow fever, other	✓	malaria, dengue
Contact with reptiles	Poisoning, snakes, scorpions etc, remoteness, shock, availability of antidotes, medical back-up		N/A
Contaminated food	Allergies (food-poisoning, Hepatitis A)		N/A
Contaminated water	Diarrhoea, legionella, leptospirosis	✓	drink bottled water
Contaminated drinking water	Cholera, polio, typhoid, other		N/A
Electricity	Compatibility of equipment and supply, safety standards (higher / lower / different)		N/A
Emergencies (including fire)	Arrangements and procedures (first aid provision, 'help' numbers, contacts and response expected)		N/A
Environment (local)	Culture (customs, dress, religion)		no test dress
Excavations / confined spaces / tunnelling	Permits to work (risk appreciations, safe systems)		N/A
Hazardous substances / chemicals	Antidote available (CHIP, spillage arrangements, transport requirements)		N/A
Legal differences	Local codes / guidance (local standards, statutes, information & training)		N/A
Natural phenomena	Avalanche, earthquake, volcano, other	✓	Floods
Needles (contaminated)	HIV, Hepatitis B	✓	in critical areas
Stress	Accommodation problems, civil unrest, crime, vandalism and violence, extremes of heat/cold, fatigue, language/communication problems, lack of support (of family and peers), load/expectations excessive, loneliness/remoteness, sickness, unfriendly environment	✓	heat, communication problems