

ACCIDENT &
EMERGENCY

Elective Report

Cho Ray Hospital, located in the Chinatown district of Ho Chi Minh City (previously known as Saigon) in Vietnam, is one of the largest and oldest hospitals in Vietnam. Its approximately 2300 bed facility serves a hectic city with a changing population of over 9 million people. Its longevity, recognition and reputation attracts the wider community as well as the people of the inner city, so patients and their families are willing to travel for hours, with poor health and discomfort, from rural areas afar, to be able to use the reduced cost of medical care offered by this particular hospital of the public health system. Even other hospitals within the city often refer patients requiring very straight-forward care to Cho Ray, simply because of cost issues. The hospital has a well established and organised student elective program, which is organised directly via the hospital training office. About two international students are accepted every week, although sometimes double this number may be attached to a department at one time. Attendance is for a minimum of 2 weeks within each speciality. Although a good variety of specialist training is available, paediatrics, obstetrics and gynaecology are among the specialities not offered at this hospital.

Having had little previous experience in emergency medicine, I requested to be attached to the Emergency Department (ED). I was keen to gain better experience of the basics and to observe the differences in services and presentations in Ho Chi Minh compared to East London.

Emergency departments tend to have the busiest wards in hospitals with a fast turnover of patients. This was most evident at Cho Ray, compared to any other emergency department I have seen, and according to staff it is also busier than most other hospitals in Vietnam. On first entering the hospital, the busy atmosphere was impressive and awe-inspiring. Patients and their families were sitting all over the floors and on walls and anywhere that suitable space was found. It was easy to forget that I was standing in a hospital and sad to see people queuing for long periods of time hoping for medical attention. Waiting relatives often sleep in the main courtyard if all the covered resting spots are occupied and in the humid, tropical heat of Vietnam, this seems unbearable. There is a large reception at the main entrance which offers basic services at a minimal cost, such as photocopying, and also a small cafe. Medical staff can be identified by their uniform – nurses with the traditional folded white nurse hats just like in old movies, and doctors with white coats.

The emergency department itself is smaller than I expected for such a large hospital and it is attached to an x-ray room, ITU, operating theatre, 2 side rooms, 2 offices and a locker room. When the patients come in, they are assigned a plastic bracelet coloured red, yellow or green according to the urgency of their case. A history is taken and then they wait to be seen for investigations or treatment.

The emergency beds were piled up right next to each other with no gaps between, just like sardines. Some patients share one bed. Relatives squeeze around wherever they find space. The majority of the city population use motorcycles as the main method of transport, sometimes 4 members of a family will sit on one motorcycle, and there are about 5 million in Ho Chi Minh alone. Using helmets became legally compulsory from 15 December 2007 but despite this, head trauma from road accidents accounts for a considerable number of the emergency presentations. The road users appear to adhere to minimal regulations, so even crossing the road feels life threatening at first; crossings for pedestrians are few and far between and the only time traffic stops to allow anyone to safely cross the road is at the traffic lights, which are also few and far between. Getting across the road involves a prayer and heightened awareness, to observe both sides of oncoming traffic and assessing when to dodge in between vehicles. Even when you are relieved to arrive safely at the other side of the road, the pavement often has little space because of parked motorcycles on the pavement, food stalls and locals standing around in groups killing time playing games on the ground, or offering services such as a 'moto' ride to get you to your destination. Although I am getting used to this, the only word which comes to my mind every time I have to cross the road is 'madness'.

Most of the population cannot afford to pay for consultations, investigations and medicines and therefore many delay seeking treatment until their condition feels serious. Avoidable complications from cardiovascular, musculoskeletal, urological and gastrointestinal conditions were seen. Many people do have health insurance but the costs that are covered are limited, so often the patient must pay additional expenses.