

Elective Report:Srinagarind Hospital Khon Kaen UniversityObjective list

1. Describe the pattern of illness of interest in the population with which you have worked and discuss this in the context of global health.
2. Describe the pattern of health provision in relation to the country in which you have worked and contrast this with other countries, or with the UK.
3. Compare and contrast medical education within Thailand with that in UK.
4. The development of Emergency medicine within Thailand. How does it compare to that in UK?

**Describe the pattern of illness of interest in the population with which you have worked and discuss this in the context of global health.**

Srinagarind hospital resides as the largest hospital in the North-east province of Thailand. It is situated within Khon kaen city and is part of Khon Kaen University. This hospital serves the population of around 1.8 million people.

During our placement, we were affiliated with emergency medicine and the orthopaedics departments. Whilst working in the recently formed department of emergency medicine, we came across a number of infectious diseases and their complications.

It was interesting to observe that the most prevalent of these conditions within North-east of Thailand was cholangiocarcinoma. In fact Thailand continues to have the highest incidence of cholangiocarcinoma in the world. We quickly learnt that the main reason for such a high prevalence of this condition is due to the widespread and common ingestion of liver-fluke within a local raw fish.

We were lucky enough to sit through a few conferences dedicated to this well recognized problem. During one of these conferences we enquired about the public health management for this condition. It was clear to see that despite thorough research by the university itself into the complications and management of liver-fluke associated cholangiocarcinoma, the concept of public health prevention is only just developing. The main problem lies in the economic status of this part of the country. Hence agriculture and in particular the fishing industry are essential for the living of the local population.

Alongside this, we came across a couple of cases of patients infected with *Rickettsia rickettsii*. These cases were particularly interesting considering these conditions are unheard of within the UK. Another important tropical disease of Thailand, and common particularly in farmers is Melioidosis. This is due to the causative agent *Burkholderia pseudomallei*, a gram negative bacterium, is found in soil and water.

**Describe the pattern of health provision in relation to the country in which you have worked and contrast this with other countries, or with the UK.**

For a long time, the provision of health service in Thailand was free for Thai residents and suited the lower class families. Being similar to the National Health Service in England, the residents are however liable to pay for any medication required and private healthcare is also available for the richer individuals.

However, financial reasons have now led to the introduction of the '30 Baht scheme'. This scheme involves the concept of residents paying 30 Baht every time they require the use of a hospital. The scheme is believed to help balance the expenditure and allows members to receive a 'Gold card' and available access to services in their health district and if necessary for specialist treatment elsewhere.

Unfortunately another difference between the NHS and Thailand health service is that the access to care is significantly unequal between provinces. For instance, within the northeast province itself the location a family resides in is an important factor of the healthcare they receive.

**Compare and contrast medical education within Thailand with that in UK.**

Medical education was very interesting to see in Thailand. There were clear similarities and differences between the education received in Khon kaen university with that of Barts and the London university.

The structure of education delivered within the university overall was similar to the one we received. The first two years were preclinical and theory- based learning allowing for a good background for clinical years within the hospital. The practical procedures that medical students were allowed to participate in again resembled a clear similarity.

An obvious difference was that the course included an extra year at the end. This provided the students to manage three patients at any one time whilst under the supervision of a senior. We feel this is a positive concept that universities in UK should try to incorporate as their learning was greatly improved.

Following the completion of medical degree, they have to complete two years of residence which is again similar to the junior doctor years in the UK. However, specialty training is considerably shorter than that here. Where it ranges just from three to five years in comparison to our system where a minimum of five years is mandatory. This fast-tracked process is likely due to the lack of doctors in Thailand and maybe related to the difficult nature and long hours involved in the medical student life, where work on Saturdays is mandatory.

Furthermore it was shocking to learn that the medical students were trained within early years to do their own tissue/cell staining looking for specific pathogens for the investigation of their patient.

We were particularly impressed by the teaching methods taught to students. The structure in handling a patient case was very 'detective like' and inferences were made as data was uncovered rather than getting all the history, examination and investigation together and then diagnosing.

### **The development of Emergency medicine within Thailand. How does it compare to that in UK?**

Emergency medicine in UK has been established since the early 1950's. In comparison its development in Thailand and in particular Srinagarind hospital is as recent as five years. During our stay, the early nature of its development was clear to see. This was highlighted by the lack of emergency doctors to match the number of patients and the relative lack of space for the department. This was shown by the number of beds per room and the small area dedicated to a radio system for emergency calls. Despite the relatively young age of this specialty and limited resources it was commendable to see the effort of the healthcare staff to maintain the patient care to a high standard.

### **Conclusion**

Overall this has been a highly enjoyable and valuable experience. The staff and the students at Srinagarind hospital have been very accommodating, and helped overcome the language barrier. It was especially interesting to explore infectious diseases that we would not be able to encounter back in UK. This is certainly an elective experience that we would recommend to future students.