

HIV

# Elective Report

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For my medical elective I travelled with several other students to the north of Thailand to work alongside a doctor helping to provide healthcare, sanitation and public health to the impoverished hill tribe people. The tribes are mostly refugees from bordering Myanmar and as non-Thai citizens do not qualify for any free healthcare from the government.

Throughout my time with Dr David Mar Naw we assisted in clinics and drug dispensing to the tribes as well as spending time helping to construct clean sanitation facilities. As this was all charity funded the resources available were very limited.

## **HIV is particularly prevalent in Thailand. I plan to investigate and examine the understanding of this disease in these rural areas.**

As already mentioned the vast majority of individuals living in these remote regions of Thailand are not given any healthcare by the Thai government and so expensive HIV tests and anti-retroviral medications are all but impossible to provide. This in itself means that contracting HIV is essentially a death sentence for these people and the issue of primary prevention becomes vastly important.

With the limited resources available Dr Mar Naw has focussed a great deal of time on family planning services. With the introduction and explanation of barrier contraceptive techniques there has been a two-fold affect on the health of the tribes.

Firstly, this has helped to keep family sizes down. This has meant that the families can provide more easily for the children that they have, allowing them better nutrition (one of the biggest problems in the region being malnutrition) and also afford, with the little money that they have, to send some of them to school.

Secondly, this has reduced the spread of HIV amongst the tribes. Although the disease is still prevalent this is, so far, the most effective method of combating it.

## **We will be in very rural parts of Thailand and plan to look at what levels of primary care are available in comparison with the UK.**

The levels of primary care are comparatively basic compared to those available in the western world. There is a huge lack of resources with all medicines and equipment provided via donations from hospitals in the regions as well as charity.

This means that there are not expensive drugs available to treat chronic diseases such as diabetes or hypertension and it is, once again, very important to focus on prevention. Firstly there is the aspect of education. For example the tribes eat a very high salt diet and it is important to advise on the inherent health risks involved in this.

Secondly there is the ever present issue of malnutrition. The local culture's diet consists mostly of rice and is very low in proteins, fat and several essential vitamins. For this reason at least half of Dr Mar Naw's patients received oral or intravenous courses of various vitamins when they came to see him (deficiencies being diagnosed purely on clinical signs and symptoms).

In the future Dr Mar Naw intends to organise the building of fresh water fisheries in several of the villages in order to provide a renewable supply of protein rich food.

**Health promotion is very important in encouraging healthy living in the UK. I want to investigate what level of this there is in Thailand and if it is improving health.**

As mentioned earlier there has been a lot of focus on family planning in Dr Mar Naw's clinics. However, the biggest aspect of health promotion going on in this region is that of clean sanitation.

When this organisation was started 8 years ago there was no clean running water to any of the villages and no toilet or washing facilities. This meant that infective gastro-enteritis was commonplace. Over the years Dr Mar Naw has organised and overseen the piping of fresh water to all of the villages as well as the building of dry, and more recently wet, toilet facilities. As volunteers with the organisation part of our work was to continue the building of these services.

It has not been enough to merely provide this level of sanitation but there has also been the need to educate the people on the importance of hand washing and correct disposal of human and food waste to ensure a reduction in the spread of infection. To this end the organisation has been highly successful, as demonstrated by the surprisingly low number of patients seen in clinics with gastric infections.

**By involving myself in a different type of healthcare team compared to firms I plan to augment my current skills and reflect on the different styles of health provision.**

The healthcare provision in the hill tribes is a world apart from anything I have experienced during my time at medical school on firms. The resources are incredibly limited and the delivery of care has to be tailored to suit this.

There is a very different set of priorities when treating the tribes. For example the provision of clean sanitation facilities is something that we completely take for granted in the UK but is a constant worry within the hill tribes.

Malnutrition and specific vitamin deficiencies are something that are occasionally seen in the UK, especially in the poorer parts of London. However, in the tribes there are huge numbers of individuals with these problems. Coupled with this there is no availability of blood tests to establish what deficiencies are present so everything has to be diagnosed based on history and examination. I

hope that this will help me in my future practice to look at the subtle signs and symptoms associated with vitamin and mineral deficiencies when seeing patients rather than immediately ordering batteries of tests.

We have also seen how Dr Mar Naw is not just a primary care physician. As the only person providing any care to these people he has to single handedly provide holistic care. For example he also acts as counsellor to any tribes people who are experiencing family or social difficulties. Again, I hope that this will help me to think more about the multi-faceted needs of all of the patients that I see.

In conclusion, it has been a fascinating experience to see how difficult the provision of primary healthcare can be in remote societies. As I start work in the NHS I hope that I will be reminded of this from time to time to put the high level of care available in the UK into context.