TREVOR GAUNT

GENERAL MEDICINE

WHERE THERE IS NO DOCTOR

CHIANG RAI, NORTHERN THAILAND

INTRODUCTION

The Hill tribes of Chiang Rai, Northern Thailand are mostly poor Burmese refugees, who have fled oppression from their own country and sought refuge in the forests just across their southern border. Many of the population are malnourished, particularly deficient in vitamins and lack a protein rich diet. They also have a very basic infrastructure. Until eight years ago, the tribes people had no function toilets, no schools and no running water. Our project leader Dr David Mar Naw, himself an ex-refugee from Burma, started the "Where There is No Doctor Foundation" to improve the general health and sanitation of his fellow people as best he could, taking into account the very basic provisions he could take to them. When we joined him, eight years after starting his project, there were 35 villages, each with a minimum of 10 families with running water and at least one toilet with running water piped from the hills. Not only this, there were a handful of schools which his project was funding, where teachers from all over the world applied to teach English for weeks at a time. Dr Dave's over all aim he told me was to be able to provide running water and toilets to each family, as well as a fish farm for each village to improve their protein intake. The following objectives outline how very different his way of practicing medicine is to ours in the developed West. However, there are important lessons to be learned and principles that can be applied to the way we practice in the hospital. from

RECOGNISE THE IMPORTANCE OF GOOD CLINICAL MEDICINE IN DIAGNOSIS AND TREATMENT OF DISEASE NOT RELYING ON MODERN MEDICAL TECHNOLOGY.

Dr David had two goals after settling in each village. The first was to set up and run a clinic for all those who wanted to see him. The clinic was very simply, a mat laid down in the village hall or church, with a vast amount of medication sprawled out over the floor. These drugs were for the majority, vitamins and simple antibiotics, along with a few others such as diuretics and emollients. Dr Davis had absolutely no diagnostic equipment other than a stethoscope and an electronic blood pressure monitor. Each patient would wait in turn to see him, where he would sit on the floor opposite them, and begin taking a history in his native Burmese. Something he said very often, was that the villagers were a very uneducated population, and hence trying to take a history in the manner that we do it in the West is very difficult. For example, when asking a patient about pain, they find it very hard to describe the character. He therefore had to be very clear in what questions he was asking, something we may take for granted in the West.

OBSERVE HOW EDUCATION AND SIMPLE IMPROVEMENTS IN SANITATION CAN IMPROVE PUBLIC HEALTH.

During clinic, Dr David was very clear to the villagers that diet plays a very big role in their state of health, in particular, their salt intake. Many patients that were seen in clinic, were hypertensive. This was attributed to the fact that each meal comprised various Thai curry dishes that contained a great proportion of salt for flavouring. Over the years, he had tried to educate the villagers in why a high salt intake was unhealthy. To this end, he told us that the number of hypertensive patients he saw over the years was slowly decreasing. He also had provisions for sexual health and family planning such as condoms and depot hormonal contraception, which reduced the incidence of STIs as well as reducing the number of children each family had, improving their quality of life.

The second goal Dr David had, was to build toilets with running water for every family in every village. Each time he visited a village, he and his volunteers built one more. This entailed digging a two metre deep hole, and filling it with concrete cylinders. A concrete outhouse with a squat loo and very simple plumbing was then built infront of it to complete the toilet. Dr David was convinced that this simple measure had reduced the number of gastrointestinal complaints in his clinics over the years, something we again take for granted in the West

OBSERVING THE EFFECTS OF HIV/AIDS IN SMALL REFUGEE COMMUNITIES AND HOW IMPROVING PUBLIC HEALTH EDUCATION CAN BETTER THE COMMUNITY.

HIV/AIDS is a problem on the Thialand-Burma boarder. However, due to the lack of medical equipment, and the expense of hospitals in the bigger cities, those suspected of having HIV/AIDS rarely have their suspicions confirmed. Dr David too, was unable to provide anti-retrovial medications as you would expect. Symptomatic management was therefore the mainstay of treatment for patients suspected of having HIV/AIDS, such as anti-fungals and acyclovir creams for viral sores. Importantly, Dr David spent a great deal of time educating these patients in sexual health and how to identify symptoms of HIV/AIDS

PPD GOALS

IMPROVE CLINICAL ACCUMEN, DIAGNOSTIC AND MANAGEMENT SKILLS.

Although I was unable to take a history from the patients, owing to my lack of fluent Thai or Burmese, I have certainly learned a lot from my experience living with the hill tribes that I will take into the hospital. There is no substitute for good clinical acumen when there is not the time to wait for a CT scan, or radiographer can not be contacted out of hours to perform a chest x-ray. Being able to shortlist sensible differential diagnoses, and plan your investigations in terms of the most appropriate first will not only benefit patient care, but make the junior doctor more efficient in their work. Making management decisions that are in keeping with the history, examination findings, and investigation results is vital in the hospital. This is something I will endeavour to carry into my foundation years and beyond.

UNDERSTAND DIFFICULTIES OF PRACTICING MEDICINE IN A DEVELOPING COUNTRY

Dr David has a very difficult task. He has a undernourished, under educated population to care for, with very basic healthcare provisions. However, as he said in his own words, what he does is right for the people he treats. The population are in general, a very happy bunch. Although we may see it as an insurmountable task from a Western point of view, he has very few illnesses to deal with that can't be helped with basic medicine. He has no need for new hypoglycaemic drugs, as the population are not resistant to insulin through type two diabetes. He has no need for statins as the population are not overweight, nor do they have significant risk of ischaemic heart or cerebrovascular disease as we do in the west. What he does need however, is more donations to his organisation. As the project is not funded by either the Thai or Burmese governments, he relies solely on donations from volunteers. I'm pleased to think that we did our bit to contribute to his fantastic efforts in improving public health and sanitation in one of the poorest areas in Thailand.