GENERAL MEDICINE

Kalum Gunatunga	2011

SSC Elective Report

Location: Institute of Cardiology, National Hospital of Sri Lanka, Colombo, Sri Lanka

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Objectives

1. **Explore the similarities and differences between medical practice, resources and variety of patients in the UK and Sri Lanka.**
2. **Explore the main causes of mortality and morbidity in the UK and Sri Lanka, and discuss why they may differ.**
3. **In what way do the expectations, ideas and concerns appear to differ between patients in the UK and Sri Lanka?**
4. **Describe in what ways I have learned more about the culture of Sri Lanka.**

1. Explore the similarities and differences between medical practice, resources and variety of patients in the UK and Sri Lanka.

Having had a cardiology placement back in the UK, there are many differences easily seen in my time at the Institute of Cardiology, Sri Lanka. Generally speaking, a cardiology ward in the UK is filled with elderly patients, rarely patients under the age of 40. Most patients with problems such as complications post- myocardial infarction, atrial fibrillation, heart failure and aortic stenosis. However in Sri Lanka, there were a significantly large proportion of young patients who had various congenital heart defects, that were untreated and now these patients had reached adulthood, resulting in fascinating clinical signs, such as machinery murmurs in patients with a patent ductus arteriosus.

The majority of doctors trained in the Sri Lankan hospitals have been taught medicine based on a very similar curriculum to that found in UK medical schools, in fact the degree is also known as MBBS, and the doctors are taught treatment regimes that are recommended by international bodies, and also the altered regimes to suit the resources of their hospital.

From what I observed in the hospitals I visited, the management generally speaking the same in both the UK and Sri Lanka. However limited time per patient, hospital beds, budget for equipment and medication reveals the key differences. For example, in the UK in the early stages of a myocardial infarction, if coronary angioplasty and stenting is performed within the first 90 minutes, this has significant effects in reducing mortality, however, this window of opportunity is not enough for the resources at most general hospitals, therefore thrombolysis is the alternative. Even in terms of drug therapy, often cheaper drugs are used, for example the thrombolytic agent, streptokinase, is still

widely used in Sri Lanka, whereas in the UK it's use is almost obsolete due to its complications, and the more expensive thrombolytic agent, tissue plasminogen activator (tPA) is used in its place. It must be said, that it is admirable to see the degree of adaptability, ingenuity and persistence in order to provide a suitable substitute for the ideal treatment, and clinicians are constantly pushing the government to invest more money into resources and training to bring the level of healthcare to that of the developed world.

In the UK, there is only one kind of in-patient, one who has a bed assigned to them in a designated ward, in Sri Lankan general hospitals, there are two kinds, in-patients in beds, and "floor-patients", these are patients that during the day wait in corridors or in seated areas until night when they may share a single bed with another patient. Generally speaking, patients who share beds are not critical, but yet are unwell enough to require admission.

Sri Lanka is a predominantly Buddhist country, and so this culture is also incorporated into the medicine practiced. This means that termination of pregnancies for any reason other than endangering the life of the mother is illegal. Also clinicians advise patients to practice meditation as a conservative measure for problems such as high blood pressure and stress.

2. Explore the main causes of mortality and morbidity in the UK and Sri Lanka, and discuss why they may differ.

Data below from the World Health Organisation website (2009)

Statistics	SRI LANKA	UNITED KINGDOM
Total population	20,238,000	61,565,000
Gross national income per capita (PPP international $)	4,460	36,240
Life expectancy at birth m/f (years)	65/76	78/82
Probability of dying under five (per 1 000 live births)	16	5
Probability of dying between 15 and 60 years m/f (per 1 000 population)	275/82	95/58
Total expenditure on health per capita (Intl $, 2009)	193	3,399
Total expenditure on health as % of GDP (2009)	4.0	9.3

Typically in the developing world, the leading causes of death seen are that of infectious and parasitic disease (e.g cholera and malaria), or pathology affecting the nervous system (e.g. tetanus) or respiratory system (e.g. pneumoconiosis).Whereas in the developed world, cardiovascular disease, cerebrovascular disease and malignancy are leading causes of death. The mortality pattern

in Sri Lanka appears to be in a transitional stage, i.e. changing from a pattern seen in developing countries to a pattern in developed countries. There has been a decrease in death as a result of infection, nervous and respiratory disease, and an increase in death as a result of cardiovascular disease, trauma and poisoning.

Perinatal disorders were the leading cause of death during infancy. Premature deliveries was the main contributory factor. Incubators are few and far between, and limited resources result in death in premature babies that may have survived in a developed country.

External causes of injury and poisoning are the leading cause of death in all ages, except in infancy and above 50 years of age. Homicide and injury purposely inflicted by other persons was the leading cause of death in the age groups of 15-24 and 25-49 years, respectively, however these statistics from 2006 are most probably are a reflection of the war, which is now over, therefore more up-to-date statistics are likely to reveal a different picture.

3. In what way do the expectations, ideas and concerns appear to differ between patients in the UK and Sri Lanka?

My impression of a key difference in expectations of the patients in the UK and Sri Lanka, is the willingness of poor Sri Lankans to make do with the limited resources of the government hospitals. Often these patients are simply grateful for any treatment they receive since it is given free of charge, unlike the private hospitals that wealthier Sri Lankans can afford. This is not to imply that patients in the UK are not grateful of the treatment they receive however, for example, the patients from the government hospitals will wait all day to see a clinician, endure uncomfortable procedures without sedation such as transoesophageal echocardiogram (TOE), and accept little knowledge of their health problems. Patients in the UK, in contrast often wish to be fully informed of their health problems and the rationale for all treatment they receive. Medical Litigation is increasingly becoming a problem for the National Health Service, and often clinicians will not be willing to cut corners in the fear of a lawsuit.

In my time in Sri Lanka, I discovered some ideas of health from a variety of patients. Some patients who are extremely superstitious have ideas of curses, or fate from their horoscopes deciding their future health, and the way in which they choose to manage it. Sri Lanka is predominantly a Buddhist country, and the idea ones karma leading to poor health is often believed.

Another difference is the level of poor health knowledge, even amongst the wealthy; there are few health campaigns to educate the general public of what certain symptoms mean, for example few people know the classic symptoms of a myocardial infarction (MI) or a cerebrovascular accident, whereas in the UK this tends to be better known. The consequence of this is that often patients present late, and this may lead to increased mobidity and mortality, which is certainly the case in terms of MI.

4. Describe in what ways I have learned more about the culture of Sri Lanka.

I have tried to engage with as many people as possible, and using the little Sinhala I can speak, communicated with them. I have many family who still live in Sri Lanka, and I learnt much about the history and my own personal background from them, in particular my grandfather.

I have enjoyed trying the culinary delights of the nation, and was fortunate to be present for two of the biggest celebrations in the Sri Lankan calendar – Sri Lankan New Year and the Buddhist festival, Wesak. I have used public transport, eaten from the local food markets where I bartered for goods. I also enjoyed the beautiful countryside, the gorgeous beaches and visited the Yala National Park where I was fortunate enough to see an array of wild animals.