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## **Elective Report: Hue Central Hospital, Vietnam**

*(1) Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health.*

*(2) Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries, or with the UK.*

Whilst on placement in the paediatric department at the hospital I observed a great difference in the illnesses that brought the children to hospital, as well as the way in which they were treated.

Firstly, the department was divided up into the specialities, for example one floor was devoted to respiratory medicine, another to gastroenterology and so on. The respiratory section was particularly large reflecting the high prevalence of respiratory infections that occur. This in turn is a reflection of gaps in the vaccinations programmes that are in place. Although some vaccinations are government funded they are also dependent on the parents' education about the importance of herd immunity. Only the most ill patients were taken as inpatients and often by the time the children presented to the hospital they were really very sick and there is no paediatric accident and emergency department.

The late presentation of an unwell child (or adult) is due to financial reasons. Whilst I discovered that healthcare is free for children under 6 years old, over that age it is only free if the child attends a school. For those that do not their care is funded by non-governmental charities or by their own families. Another reason for the late presentation is due to the paperwork that is involved. In order to receive free or supplemented treatment the child must have visited their community doctor prior to the hospital. Here there is often a delay in starting appropriate treatment as traditional medicine is tried first. I witnessed one child that had travelled over 150 kilometres to visit the hospital and was given a diagnosis of asthma. As her parents had not visited the community doctor first I was informed that they had to pay for the care of their young daughter. The treatment that she was given would be considered very basic in the UK however the cost equated to half an average monthly salary. As a result the family had sold much of their livestock to fund the inhalers.

The set-up of the consultations also differs greatly to a clinic in the UK in which the patients are given their own private consultation with the doctor and complete confidentiality. During a private clinic the patients and their parents waiting to be seen would wait in the corner of the consultation room. Whilst one patient was seeing the doctor the others would be sorting out the payment and standing patiently holding their child. When it was their turn if the child was well and old enough they would sit on a chair alone and sit silently whilst the doctor and then I examined them. It was surreal as during previous paediatric

placements in the UK the child would sit in the security of either the mother or father's lap and may shy away or cry when a stranger (the doctor) came to examine them.

*(3) What kind of population attends this hospital? Do the problems/illnesses of these different populations vary?*

I spent my elective placement in the third largest hospital in Vietnam, Hue Central Hospital. This hospital has nearly 3000 beds and serves a population of over 20 million people and houses all of the main specialities. It is funded partly by the Vietnamese government and partly internationally by countries such as Japan. Another example is the impressive 'Cardiothoracic Centre', which has been provided by the USA.

As a result the population is varied and often people have travelled for many hours (or days) to attend such a well-structured and relatively wealthy hospital. In some wards the patients will share two or three to a bed and have their families also sitting on the bed in other wards the facilities are excellent. However this may not reflect the treatment that they receive as that many of the best doctors had completed part of their training in Paris. Several French medical students I met informed me that in terms of skills and facilities some of the heart surgery they had witnessed in Hue Central Hospital was superior to what they have observed in France!

*(4) What are the cultural differences in medical practice compared to the UK? How can I incorporate what I have learnt on this placement to my future practice?*

One of the main cultural differences that I observed was the opinion of 'western medicine' in comparison to 'traditional medicine'. Whilst on placement in the General Medical department I spent time in the Traditional Medicine section. I learnt that many of the local population consider that herbal medicine is superior to western medicine for most illnesses (apart from the exceptions of antibiotics and tuberculosis medications). Herbs are prepared and used in every ailment in every form imaginable! This methods I observed include seeing the herbs crushed, dried, cooked in a kitchen style area before they were administered in one of the following forms: in a tea, ingested, made into an ointment, paste, rubbed into the skin, soaked into a bandage, held under the tongue or rubbed into the inner cheek!

As well as the herbal medicine other traditional forms are used within the hospital. For example two wards were devoted to acupuncture, this was either with electricity passing through the needles or without. Mostly this was used to treat chronic pain but also any problems with nerves or allergies.

Impressively the doctors treat patients with the traditional medicine along side the western style medicine to look after the patient in the best possible way. The patients feel reassured and have the benefits of both styles of medicine.



I will never forget seeing a Vietnamese medical student spending her time and effort by giving a very elderly lady with chronic back pain a massage- a technique that has been used for thousands of years to ease discomfort. It reminded me that when we treat patients in the UK a tablet is never the answer. If a patient feels that a method works (and provided it does not cause any harm of course), then in my opinion that view is as valid as my own. Each patient should be treated holistically and specifically according to his or her own views.