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Elective Report- Vietnam 2011

Vietnam, is a developing country, that has progressed economically over the past 10 years and, in turn, has seen substantial improvements in many areas of health care. In developing countries, the main problems faced by health professionals and the government are often ones of poverty, malnutrition, child and maternal health and the spread of tropical diseases. As part of the UN millennium development goals (MDGs) agenda, Vietnam has decreased the number of those earning less than \$1 per day from 39.8% in 1993 to 4.9% in 2006.¹ Aided by a more than two fold increase in gross domestic product since the year 2000, the per capita amount of total health expenditure has also increased since the year 2000 from less than \$100 to \$217.¹ With more money being spent on health care, the MDGs pertaining to health care: reducing child mortality, improving maternal health care and combating HIV/AIDS malaria and other diseases, have received significant attention and all areas have experienced improvements. Specifically, an open immunization program was started, mortality under the age of 5 has been reduced and child nutrition has been improved, reproductive health care programs have been implemented and both a national strategy for HIV/AIDS along with a national committee for HIV/AIDS, drug use and prostitution have been successful in advocating preventative measures against the contraction of HIV.¹ Steps have also been taken to decrease the incidence of malaria and tuberculosis (TB) with some success, however, the prevalence of TB still remains high (333 per 100,000) within the Western Pacific region, with an increase in the incidence of the condition in 2008.² With this in mind, infectious disease medicine seemed an appropriate topic for part of our clinical placement. We also chose to spend time in a clinical setting for traditional medicine in order to further understand the history of medicine and culture in Vietnam.

Objectives 1 and 4:

1. What are the prevalent conditions in tropical/infectious medicine in Vietnam. How do these differ from those in the UK. How do they differ from those in other SE Asian countries?
4. Explore the diagnosis and treatment of tropical conditions, in particular TB.

Within the Western Pacific region of SE Asia, Vietnam has a higher prevalence of both HIV and TB than the regional average. There is also a higher number of years of life lost due to communicable disease than the regional average.¹ Outbreaks of avian influenza A, acute diarrhoea and viral encephalitis have decreased. However, dengue, dengue haemorrhagic fever and malaria are conditions for which control has not been as successful. Community acquired pneumonia is one of the more common infectious causes of morbidity and mortality, as is true in the UK.

Our experience of infectious disease in Vietnam consisted of spending time on the TB unit at Hue Central Hospital. Located in an entirely separate building, the three TB wards had approximately 20 patients each. Therefore, it was immediately evident that the incidence of TB and morbidity caused by the condition far exceeded that in the UK. Although the pharmacological management of TB mirrored that in the UK, there were many differences seen on the wards. For example, patients were only in side rooms if their condition was considered severe or if they could afford to pay for one. All other patients were on open wards. Masks and surgical hats were worn by staff at all times in the TB unit, however, this equipment had to be purchased outside the hospital. Another noticeable difference on the wards was the lack of sharps bins. In comparison to other wards around the hospital, for example the cardiology centre, the appearance of and equipment on the TB ward implied that it received much less funding.

The key difference noticed between management of TB in Vietnam and in the UK was that there seemed to be little public health precautions taken. From what we understood, cases of TB were not necessarily recorded or reported to a communicable disease centre. We were also told that contacts of the patients were not given prophylactic treatment or followed up. From my experience of hospitalized patients with TB in the UK, it was clear that there was not only a large emphasis on treating the patient's TB but also on preventing others from being infected. This was done by repeatedly testing the patient's sputum for acid fast bacilli and waiting until this was negative before discharge. The patient's social situation was also discussed and potential contacts were considered before the patient was released. Although language barriers made it difficult to fully understand the discussion around each patient's situation, it was clear that there was less emphasis on the public health aspect of the condition.



The TB ward at Hue Central Hospital and us with some of the staff on the TB ward.

Objective 2. Explore the primary and secondary structure of health care and how it is supported by both the private and public sectors.

Overseen by the ministry of health, the Vietnamese health system has public and private elements both of which play a role in providing health care. The WHO website states that the private sector plays a larger role in out-patient care whereas, the public sector plays a larger role in in-patient care.³ From our experience in the hospital it appeared to be that those patients who were able to pay for health care were given advantages to those who could not, however, everyone was able to receive health care. Those under the age of 6 are provided with free health care. Everyone above the age of 6 is, ideally, part of a health insurance scheme that provides partial to full subsidization for their health care based on socio-economic status.

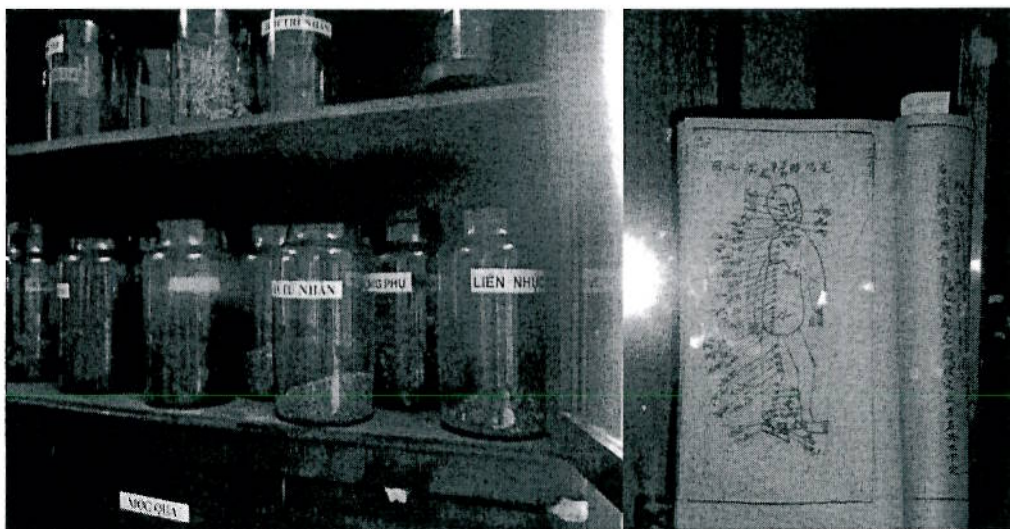
Primary care in Vietnam is dedicated to health in the community, with responsibilities similar to a GP in the UK. Secondary care is again similar to that in the UK, but it includes both western and traditional treatment of conditions in a hospital setting. Overall, the structure of the health care system is very similar to that in the UK with everyone who needs health care, receiving it; the key difference being that even under government insurance policies, the patient is usually expected to pay a fee.

Objective 3. Explore the use of traditional medicine in a hospital setting and its perceived effectiveness.

Prior to undertaking this elective, I knew very little about what is known in the UK as 'complimentary medicine' or 'traditional medicine' in Vietnam. In the UK, complimentary medicine is often viewed as a last resort after all other options have been exhausted. In Vietnam, traditional medicine is the result of the merging of the

northern Chinese medicine and the southern Vietnamese medicine both of which have been practiced for thousands of years and it is practiced regularly alongside western medicine.

The traditional medicine ward at Hue Central Hospital was similar to many of the less funded wards at the hospital. The majority of the patients on the ward were receiving acupuncture for a variety of conditions. The theory behind acupuncture was explained to us with respect to what is believed to be the energy or life force of the body and mind, Qi (Chi). Qi must be in a balanced state throughout the body in order to attain health. Acupuncture needles are used to alter the flow of Qi in order to restore it to its balanced state. It is this imbalance that is believed to have made the patient ill. There were also herbal remedies that were available and prepared on the ward for example, mushrooms, particularly in tea form, were used to improve the function of the immune system. It is also believed that these herbs played a role in balancing a patient's Qi through the manipulation of the five elements: fire, earth, metal, water and wood. I found it particularly interesting that traditional techniques were being modernized to try and improve their efficacy. For example, acupuncture needles were attached to electrodes in order to correct the Qi imbalance more efficiently.



The herbal remedies used in the traditional medicine ward at Hue Central Hospital and a diagram of acupuncture points.

Overall, our experience of Vietnam's health care system was that of a country that is taking many steps to improve the health of its citizens. From this experience, I have taken away an understanding of what medical care is like in a country that, although considered a developing nation, has the resources to make positive changes in health care. Having experienced health care in Kenya, Vietnam and the UK, it is clear that the standard of health care in a country is directly related to both the wealth of the country and the initiatives implemented and followed through by that government to improve health care.