RURAL MEDICINE

School objective
Gain an understanding of the prominent medical conditions in rural Thailand. Compare and contrast how they differ from East London.

It became clear during our time with different hill tribes of northern Thailand that common medical conditions include malnutrition and infection (mainly fungal infections of the skin and bacterial chest infections), affecting all ages but particularly the young and elderly. Rice is abundant and is the staple diet for this population, resulting in a deficiency in essential vitamins and minerals. Malnutrition is also prominent in East London, and it is interesting that the condition presents itself in two very different populations and for very different reasons – in rural Thailand there is neither the variation nor quantity of food available for a healthy balanced diet, whereas in East London there is abundant choice at low cost so allowing people to over-eat on the wrong foods. The diets are similar in that they both use large amounts of rice and oil, yet there is no obesity and diabetes is rare in the hill tribes as both men and women are very active, either working the fields or building houses for example. However, in one tribe in particular there were an astounding number of fairly young patients with very high blood pressure, which our doctor attributed to the amount of salt used in cooking and preserving foods. This was difficult for him to treat, as his visits are every couple of months to each tribe, so much of the management of these patients was about educating them to use less salt. This is akin to educating patients in the UK about the importance of using less fat and salt in their diets to maximise health.

Personal objective - health
Gain an understanding in the difficulties surrounding access to healthcare in the rural Thai population. Describe what impact this has on the health and social well-being of the local population.

Access to healthcare is limited to this population in rural Thailand, as most tribes are refugees from Burma or China and are not recognised by the kingdom of Thailand as citizens. Each person born in Thailand is given a national identity number, without which one cannot access healthcare, school or work. As a result, these refugee populations in the hills are disadvantaged from birth, with no access to government schools or hospitals and completely reliant on charity, donations or sponsorship. Dr Mar Naw is often the only access to medicine available to these people, including those with machete wounds or acute abdomens, and so minor surgery is sometimes required on-site to prevent infection or even death. The impact this has is that follow-up care is difficult to implement, and any complications of treatment cannot be monitored and managed accordingly, putting the health of that patient at risk. The hill tribe people are regarded by the Thai government as second class citizens, and are treated as such.

Regardless of the political difficulties surrounding access to medicine, geographically it is very difficult for these people to reach a doctor as they can be up to four hours drive by 4x4 from the most basic health centre. Most tribes now have vehicles, but difficult terrain and unpredictable weather, particularly in wet season, leaves many patients stranded. This is also true for Dr Mar Naw, who sometimes finds it difficult to gain access to the most remote tribes during this time of year, leaving his patients without a doctor for many months at a time.

Money is another issue, and Dr Mar Naw relies heavily on donations, sponsorship and volunteers to ensure his patients are given the best possible treatment. This money not only goes into pharmacological treatment, but also into the building of toilets and piping of fresh spring water to each village to maximise sanitation, which over the last eight years has greatly reduced the number of cases of infectious diarrhoea, particularly in children.

School objective
Describe how medical services are delivered to rural areas in northern Thailand, and determine how public health issues are addressed. Explain how this differs from the UK.

As detailed above, the hill tribe population is unable to access government hospitals and healthcare, so rely upon charitable doctors and healthcare professionals for basic medical needs. We heard of one case of a man who had been in a motorcycle accident and suffered a severe head injury. He had been treated in a local government hospital, yet there was no follow up or adequate after-care and he went missing in the hills three days after discharge without being found. This is vastly different to the UK, where patients are not discharged until they have been fully investigated and examined to sufficiently exclude any serious complications, and are followed up post-operatively to determine further management.

Public health issues in this population in the past have included lack of running water and toilets. Dr Mar Naw has tackled these problems by using funds to buy piping, carefully planning and measuring the route from the peaks down to the villages in order to supply a constant stream of fresh water. He has also bought equipment and building materials to build basic toilet huts, and during our stay we helped to build a new toilet for a young family, who had been sharing one toilet with two other families. Fresh water is also piped into the hut, and so greatly reduces infection and food contamination risk, as they are able to simply wash their hands. Hindrances with weather, vehicular access and funds can sometimes result in unfinished buildings, and although every effort is made to finish building once started it can sometimes be hugely delayed, which is a frustration for both the family and for Dr Mar Naw. Every building is eventually finished, so improving the sanitation and health of the villagers.

It is hard to imagine not having running water, or simply a toilet, when we live in the UK. Helping this young family build their own toilet hut, and to see how pleased they were once it was finished, was a very rewarding experience. It is really humbling to see that something so simple, that we take for granted every day, can make such a considerable difference to the lives of these villagers.

Personal objective - professional development
Improve my communication skills and diagnostic ability, and develop my management plans for patients with limited resources at my disposal.

The different hill tribes speak different languages, including variations of Chinese, Burmese and Thai. Dr Mar Naw was able to converse with each patient in each tribe, whereas clearly we struggled with any spoken words. This language barrier resulted in the need to use body language and gestures to indicate to the patients what we wanted them to do. Simple things such as positioning a patient for IV access proved difficult, and took more time than normal. However I found that smiling and making eye contact with the patient relaxed them, and me, and it became easier with each patient I saw.

With lack of simple resources such as blood tests, diagnosis came from history (taken by Dr Mar Naw) and examination. For example, anaemia was particularly common in one tribe, and it was detected in the pallor of the feet and hands and in the conjunctivae. This has made me more aware of the importance of looking properly at the patient, and I will be careful in my future career not to overlook simple signs in favour of investigations.

In particular, I enjoyed seeing the children at our visits to the tribes. They were inquisitive and excitable, and they enjoyed playing with our stethoscopes and pretending to do their blood pressure with us blowing up the cuff. I have always found paediatrics difficult, as I find it hard to engage with children of different ages. Yet my experience with the hill tribes has proved to me that I can connect with children, without the need to use words, and has certainly made me more confident about dealing with younger patients in the future.