GENERAL MEDICINE

# ELECTIVE REPORT
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**Elective Report 2013**

I spent my elective in the North of Vietnam with four others. We spent two weeks in a district hospital and two health clinics in the rural mountainous areas and three weeks in a hospital in Hanoi. In this report some of the health conditions and the healthcare in these areas will be discussed, as well as my self-reflection.

Mai Chau Hospital

Mai Chau is a rural district North-West of Hanoi with a population of 280,000 mainly consisting of Thai minority people. The hospital served this whole area. It has 200 beds, 100 members of staff, of which 11 were doctors. We were told that the hospital was always full, and noticed in some bays there were 2 patients to a bed. The medical director said they were lacking doctors, stating they needed more like 30. He said this was due to several factors but primarily lack of funding and doctors wanting to work in rural regions as well as lack of opportunities for doctors to train in specialities in these areas. *This was evident by the presence of a Japanese doctor who had been volunteering at this hospital for four years.* Medical equipment at this hospital had been donated by a Swiss NGO; this included blood tests, imaging including X-ray and Ultrasound. There was a wide range of services in the hospital – a&e, ITU, broad range of medical departments including a 3 dialysis machines in the renal unit, surgical department, and dentistry. In addition to this, there was a herbal department for traditional medicine healing.

Hang Kia & Van Village, rural clinics

Hang Kia was a village further north of Hanoi. It had a population of 1500, the majority of who are Hmong people. This area was less affluent than Mai Chau and mostly consisted of a farming community. The clinic here was run by seven healthcare professionals, including one doctor and health care assistants/ nurses. This clinic was the equivalent to a GP service however also provided other services including a maternal delivery room. Despite having an ultrasound machine, none of the health care professionals were trained to use or interpret it and therefore was not able to be used.

In amongst the rice paddies of Van Village the health clinic served a small population of 2459 Thai minority people. They too only had 1 doctor but several nurses and HCAs. The clinic was well equipped and in addition to routine clinics was able to perform minor surgeries, dentistry, midwifery and epidemiological studies. They performed both western and traditional medicine, including acupuncture and reflexology. The doctor here was frustrated that he was unable to perform more procedures at the clinic due to their lack of resources. All patients, for example, had to go to Mai Chau (30 km away) for blood tests and for further investigations.

Thanh Nhan Hospital, Hanoi

This hospital was one of the large hospitals for the public in the capital, Hanoi. It had 400 beds, over 1000 health care professionals of which 75 were doctors. There was a wide range of services including a&e, ITU, 28 bed dialysis renal unit, several medical wards, ITU, ophthalmology, paediatrics, stroke and neurology as well as rehabilitation centre, and attached to this hospital was the cancer hospital. There was also a very busy outpatients department. Diagnostic facilities included several imaging machines including MRI and CT, a large haematology and biochemistry lab and a blood bank.

Whilst here we were mainly based in surgery and in obstetrics and gynaecology. The theatres were very well organised and well equipped. The delivery rooms, although not as updated as in Britain, were acceptable.

Prevalent Conditions in Vietnam

In the rural areas of North Vietnam we encountered several medical conditions. In surgery in Mai Chau we saw removal of ectopic pregnancy, hysterectomy due to ovarian cancer, hernia repair, and orthopaedic repair of a 16 year old's tibial fracture after a RTA. The medical director of the hospital described himself as a general surgeon, and he performed all of these operations which shows the wide range he was capable of and responsible for. We were also impressed that despite a tropical rainstorm in which the power cut out the surgeon continued depending on minimal access to generator electricity. When we left the theatre, we found the floor of some of the hospital to be flooded. This was apparently a regular occurrence, showing their need for an updated system.

We saw several patients with back pain due to the hard labour in farming work they did, several fevers and cases of diarrhoea, which they often associated with 'change in the weather', fatigue, dizziness due to low blood pressure, and respiratory complaints were all commonplace.

In the rural health clinics they did epidemiological studies on their patient group, and kept tallies of conditions which included TB, goitre, leprosy, mental illness, pregnancy/miscarriage/maternal and neonatal mortality, HIV and malaria. This information was apparently required by the government for records.

Health Care Practices

Over our few weeks in the medical system in Vietnam, we found that the patients all seemed to be very content with their care despite them often not knowing what exactly was wrong with them or what the plan for their care was. In comparison to hospitals in Britain, we were surprised by the lack of privacy and of comfort that patients received, for example no mattresses or pillows on the beds, and no curtains in between beds. However, it seemed the patients were not concerned by these. Due to the staff shortage in several areas, the family of patients took on a great deal of responsibility in caring for example providing food and water, pillows and fans if needed. The family also often had to support the patient financially during this time due to their inability to earn income. We were told that the Hmong and Thai people would keep a bit of 'gold' accessible for when needed for emergencies such as these.

Treatment of illnesses, despite the lack of access to resources, was remarkably similar to the ones used in the west, and we were impressed by their use of similar guidelines to ours.

The health care system in Vietnam is private, and patients are mostly responsible for providing their own medical insurance. However, the government provides insurance depending on the finances of the individual patient. In rural areas, insurance was provided whereas in cities, the government assumed the people would provide their own insurance unless they could prove their low income. In the rural areas such as Hang Kia, all insurance was paid for, however if they required treatment at Mai Chau they would have to pay ~5% of the costs, and if they then needed to go to Hanoi they would have to pay 50%.

A patient we met who had an appendectomy, and did not have medical insurance said it cost him $400USD, in addition to $3 per night in hospital. This is on a background of the average monthly earning for a farmer being $20. For this reason, it was commonplace that patients would not seek treatment until very unwell and would prefer to stay at home and have the doctor visit there instead.

However, emergency treatment is provided whether they have insurance or not, and the funding is recovered at a later date.

We learnt that doctors were well respected in the community; however their salaries were not very high despite having a huge number of responsibilities. Due to this, we learnt that doctors did accept additional payments from patients and their families for their care, for

example to have an operation sooner, or receive a private bed. This was apparently more common place in the cities than in the rural areas, as they were not able to pay for this.

Public Health Measures

During our elective, we saw evidence of several public health measures. Vaccinations were widely publicised by speaker systems throughout villages for children. There were, several posters regarding maternal health including three antenatal check-ups and encouraging women to breastfeed. We also saw posters regarding the rights of the preganant woman which included a private and confidential service, and the opportunity for women to voice their concerns and expectations in pregnancy. The focus on improving maternal health was evident in these ways and by the fact that many more women were choosing to go to the clinics or to hospital to have their children, as opposed to at home. The prevalence of caesarean sections was also increasing, both through choice and necessity. The better access to health care was a reason for this. Traditional medicine was also becoming less prominent in last 20 years as people are more trusting of medicine, better access and proven efficacy.

In Vietnam, pre-marital sex is frowned upon, however they marry very young and there is a two child maximum per family. This meant that after the second child, contraception was very common and there was a wide range available for both women and men (ie/ sterilisation). These measures have been put in place by the government due to the expanding Vietnamese population of 90 million people. Members of public services who had more than two children would be permanently demoted from their position. It was also of note that termination of pregnancy is becoming more accessible for women.

Reflection

During my elective, I was very impressed by the health care system, support and professionals that we saw and met. The system was much more advanced than I had imagined and their resources were much better than I had anticipated. Patients were treated very similarly to those in the west, and they all seemed very pleased with their care. From what we could gather, there had been numerous advancements made in the last decade and access to healthcare was much improved as well. The major difficulty I found was the difference in language. We required a translator at most times to make efficient communication with both patients and doctors. This was especially the case in the rural communities where they spoke different dialects as well.

I was very impressed by the medical students we met in the Hanoi hospital. It appeared to be incredibly difficult to study medicine in Vietnam and required a lot of dedication once there. From third year they were doing a lot of medical work in hospitals including at least one night shift per week. They were extremely welcoming and friendly, and we could not thank them enough. This was also true of many of the doctors who welcomed us into their clinics and wards and tried to include us in their routines.

Overall, I have had an amazing elective in Vietnam and would highly recommend it to anyone else.