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GENERAL
MEDICINE

Medical Elective Report 2013

What are the prevalent conditions seen in the general medicine department and how do they differ from those seen in the U.K?

During my time at the Karapitya Teaching Hospital, Galle, I was fortunate enough to be based in one of the General Medicine wards where the majority of patients presented with exacerbations of chronic conditions. Diabetes and Asthma were commonplace conditions on the wards however the issues surrounding their management differed somewhat in the sense that these patients' presentations were in part due to being unable to afford long-term medication and therefore being unable to comply with their treatment regimens. Although social services are in place to help with the cost of medical bills these are very difficult and tiresome for individuals to access. Cultural influences on ideas surrounding illness exist and therefore in depth counselling on chronic conditions, their causes and management is required, for example it takes a great deal of patience and explanation in order to educate patients regarding Diabetes and often patients are warned that if their condition does not improve they will be required to take Insulin injections and this is often seen as unacceptable by patients. Pneumonia cases also appear to be commonplace as patients often wait for their illnesses to become severe before they seek medical assistance as they often live far from hospitals and worry about the summation of medical bills and even travelling to the hospital from a rural area is a hardship in itself. There are also a number of presentations of tropical disease such as Dengue fever, Tuberculosis and wounds due to snakebite. These presentations were of particular interest to me as Dengue fever and snakebites are uncommon in the U.K. unless patients have had exposure abroad and so it was valuable to be able to interact with these patients. One lady who had come in with a snake on her finger due to her picking something up from outside was given advice about what to do in order to prevent this from happening again and congratulated on not first seeing an Ayurveda doctor as the treatments they give may interfere with more western medicines. I was able to observe patients who came in with Measles and Mumps, with the recent outbreak of Measles in Wales this was interesting to see and a good learning point as I was able to find out about the National Immunisation Schedule running in Sri Lanka, uptake here is very high and as such incidences have been low but in the last two years incidences have again appeared in young adults.

Although the majority of the conditions seen in the Karapitya Hospital are also seen in the U.K. the key difference is that they present later here perhaps due to the lack of follow up by a family physician or GP. Patients also tend to attempt Ayurvedic or herbal remedies before they turn to medical attention as these have shown them benefits in the past thus further delaying medical attention. Patient education is also paramount here as they present to hospital with at most a basic knowledge of their conditions and therefore they are not as motivated in taking their medication.

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Overall it appears that Sri Lanka like many other countries has seen an increase in non-communicable disease which has a significant impact on health costs and therefore it appears that preventative strategies for such disease is being sought.

How is the healthcare system organized and delivered in Sri Lanka and how does this differ from the U.K?

The healthcare system in Sri Lanka is divided into government and private healthcare. The majority of inpatient care is government based, which is provided free, but outpatient care is more equally shared with private facilities. Those who can afford private care often opt for it as it ensures that patients are investigated and treated promptly with medication that is most beneficial without the restriction of budget and all of this is done in a comfortable surrounding with more privacy.

Doctors in Sri Lanka approach the management of their patients in such a way as to minimize expenditure and even medical students are able to recite the prices of common drugs. Due to the strained budget doctors always strive to cut costs for their patients as they understand that choosing cheaper medications for their patients improves the chance that patients can afford the treatment long term without having to make cutbacks elsewhere. Patients must pay for their own medications post discharge and as such doctors strive to find the best treatment options taking into account the patients demographics and needs.

What is the role of socioeconomic factors on the health of the local population?

Socioeconomic factors appeared to have a significant and direct impact on the health of patients, with limited income being a major contributor. Financial status can decide whether a patient receives private or government healthcare. It can also mean the difference between compliance and non compliance of treatment, patients with low income may not be able to see the benefits to treatment of disease such as high blood pressure which often has no symptoms and therefore their health is at a greater risk. Patients overall wellbeing is also impacted upon by their diet and thus nutritional status; low-income families may suffer from malnutrition and UNICEF have found that almost a third of children are affected by this in the country. This causes these children to be at greater risk of communicable disease. Geographical location also has a role on access to healthcare, those who live further from the main cities are disadvantaged in that they must travel further in order to attain adequate healthcare for their needs and again this is also affected by financial status; poorer families are less able to make long distance commutes to hospital and therefore these patients put off admission to the hospital until the last moment when the patients presenting complaint has progressed.

On reflection of your experience at the Karapitya Teaching Hospital what do you think you have learnt and what impression has it made on you?

I have learnt a great deal in a relatively short space of time in particular about the way that medicine is practised in a government run teaching hospital in Sri Lanka. I am grateful to have been able to witness a

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team of doctors who are dedicated to ensuring the well being of their patients whilst taking into account the financial issues and health beliefs of the local population. Given the obvious role that a limited health budget has on the hospital I have been made aware of how doctors must be wary of medical costs on top of their medical knowledge. The diversity of disease and illness seen also highlights the importance of patient education in helping to prevent future admission and injury. It was amazing to see conditions such as snake bite which is very rare in the U.K. and also to see a variety of tropical disease and of course the strategies in place to manage these. I have had the opportunity to develop my communication skills with these patients and being able to speak some Sinhalese definitely helped, the patients were very willing to give histories and to be examined and were able to aid our learning experience. It was also interesting to be able to talk to the final year medical students at the hospital and compare our different courses and see how ultimately the issues faced as students are very similar regardless of location. Overall I feel very privileged to be able to have experienced first hand medicine in a foreign country such as Sri Lanka where the staff and patients have been very welcoming and helpful in aiding our learning experience.