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GENERAL
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SSC Elective Report

While starting to plan my elective I realised I had many ambitions that I wanted to fulfil during the five weeks. Principally, I thought gaining a firsthand understanding of another country's healthcare system would be hugely valuable as not only would this provide me with a direct comparison to our own system to improve my understanding of its weaknesses and strengths but also to understand the global challenges faced by everyone. From a personal perspective, I strongly wished to travel to somewhere entirely new and experience the excitements of a different culture. South East Asia held great appeal on this front as it is an area I am unfamiliar with but which I am deeply fascinated by. In addition, I hoped to experience medicine in a number of settings aside from the hospital in order to gain a greater breadth of understanding of both the healthcare system and local cultures.

I was lucky enough to plan my trip with four close friends and we decided on a project in Vietnam. We organised the trip through a company that specialised in volunteering projects, Kaya Travel. Although this took a considerable amount of difficulty away from planning specifics the trip, we were still struck by the amount of time and effort it took to get everything in place beforehand. There were so many details to organise which took plenty of forward planning to complete in time and this was an even greater challenge with finals looming. However, we were grateful for all this preparation where our departure date arrived and everything ran smoothly. We had decided upon a two week medical trek working alongside local healthcare professionals in remote villages in isolated mountainous regions, followed by a three week placement in a busy inner city hospital in Hanoi.

One objective had been to find out more about how the healthcare system of a different country was set up and organised. On arrival, we began to understand the structure of the Vietnamese healthcare system and recognise similarities with our own. Patients were initially treated at local clinics and referred on to either provincial or city hospitals depending on the complexity of their condition. While this system reflected our own referral process to secondary and tertiary care, we found there was a distinctive lack of a primary care service and little public health promotion. For example, basic screening for hypertension or diabetes would not be carried out and instead the long term complications would be managed in hospital once they developed.

I realised I had not expected a communist country to have a fully privatised healthcare system and I was surprised to find this was the case. Although there was government assistance towards covering insurance costs for those unable to pay, many of the patients

we met were not eligible for this and were instead expected to use their life savings and borrow money from family members to cover their bills. We heard stories of doctors having to turn up at patients' houses in order to collect debts they were owed and understandably there was a lot of discussion about admitting and treating patients who had not proven they could afford medical care.

While in Vietnam, we also hoped to find out about the common medical conditions prevalent amongst the population and if there was any difference between rural and urban areas. We found there were many similarities between the health challenges in UK and Vietnam, for example, rising levels of obesity and cardiovascular disease, with Vietnam having the fastest growing incidence of Type 2 Diabetes in South East Asia. This was especially the case in urban areas where diet and lifestyle factors were changing rapidly. In rural areas, infectious diseases were common among children and adults as water sanitation and food hygiene standards were poorer in these less affluent areas. In addition, musculoskeletal problems related to labouring occupations, such as mechanical back pain in those farming the land were seen frequently. We were struck by the regular use of traditional medicine, such as acupuncture and herbal remedies, which were often used in conjunction with "Western medicine" for these common problems. We also found that doctors could specialise in Herbal medicine after graduating, which was an interesting discovery.

Throughout my five weeks, I felt privileged to be given the wonderful opportunity to spend time in such a beautiful country and get to know so many friendly and kind people. I felt I understood the country and the culture far better through understanding the values and principles displayed in a healthcare setting. I know I will always remember the experiences I had in Vietnam and look back on this time throughout my career and life.