FARICA PATEL
GENERAL MEDICINE

Elective report- Sri Lanka

1. What are the common medical conditions amongst the general population of Sri Lanka?

Part of my elective was completed in a Rheumatology and Rehabilitation Hospital in Ragama, Sri Lanka. This is a tertiary centre receiving referrals from other health care professionals. It is the largest spinal cord injury centre in Sri Lanka with 287 patients. I divided my time between Rheumatology outpatient department clinics, Rheumatology ward rounds, Spinal cord injury ward rounds, physiotherapy and rehabilitation department and orthotics and prosthetics department.

During rheumatology outpatient clinics, the most common condition observed was rheumatoid arthritis. Spinal TB was also noted in several patients and is common in Sri Lanka, particularly in older patients who were not vaccinated as part of the BCG vaccination programme. Although pulmonary TB is relatively common in the older generations in East London due to the patient demographics (mainly immigrants from Asia), spinal TB is uncommon. As a whole, TB is very rare in the UK due to the BCG vaccination programme.

Many of the spinal cord injury patients in Sri Lanka had been involved in road traffic accidents or were labourers that had been injured at work. This type of injury is common in some areas of Sri Lanka due to the road conditions, poor infrastructure and reduced emphasis on safety precautions. Stroke was also a common cause of neurological disability, although from what I experienced, spinal cord injury was the commonest cause. This contrasts with the UK where stroke is the leading cause of neurological disability.

2. Discuss the healthcare system and provisions in Sri Lanka and compare with the UK.

The most significant difference noted in the healthcare system in Sri Lanka is that patients are not registered with a regular GP. Access to a primary care doctor may be difficult and many patients also present to the hospital when it is more appropriate for them to be seen by a GP. The lack of consistency in the healthcare system means that there is a strain on resources, staff and time and that some patients may not receive the appropriate care at all, or their care may be delayed by the time referrals have been made. Referrals can be made from one hospital to another or from one department to another within the same hospital. In the UK, primary care doctors accept a large responsibility for providing patient health education, to minimise patient illness and therefore the strain on secondary health centres. They are also responsible for maintaining patient follow up. Patients in Sri Lanka often do not receive health care education and are lost to follow up. However I have observed consultants educating patients on the long-term use of methotrexate and steroids and the importance of compliance.

There is no electronic record of patients' notes, and patients keep their own notes, including their x-rays, and are expected to bring them to outpatient clinics or during hospital admissions. If the patient has not brought their records or has lost them, there is often little medical background on the patient. Patients are also able to read their own notes, which greatly contrast with the UK, where patients must be granted special permission to read their own notes. Notes are recorded very briefly compared to the UK, however they are also recorded using the "SOAP" method, making them easy to interpret.

Outpatient department clinics contrast greatly with those in the UK. On average there are 30 patients per doctor, whereas in the UK each doctor will see an average of 10 patients in a clinic. The clinic takes place in a large room, with each doctor occupying a different area in the room. The patients form a line behind one another to see the doctor. The most significant consequence is the lack of patient confidentiality; however the patients did not seem to be bothered by this.

There are many differences in the hospital wards in Sri Lanka when compared with the UK. The patients are spaced very close to each other when compared with the UK, and I have not noticed any side rooms. This may increase the spread of infectious disease between patients. It is also difficult to maintain patient privacy, as there are no curtains around beds, however I have noted the presence of screens on the ward, and the patients are covered with sheets and have had their dignity preserved. Doctors speak very softly on the ward rounds, maximising patient confidentiality, as the beds are so close together. Ward rounds in Sri Lanka are multi-disciplinary, and each of the doctors and allied health care professionals are able to give their input on a daily basis with the patient present. This is useful if the patient has any questions. In the UK, multi-disciplinary meetings take place on a weekly basis without the patient present. I have also noticed that in Sri Lanka, patients are generally less challenging and are more accepting of their medical condition. This is helpful for the doctor-patient relationship.

The limitation of resources in Sri Lanka means that many of the patients on the spinal cord injury ward have pressure sores which may have been preventable with pressure mattresses. Patients on the ward with the worst pressures sores were given a mattress. Despite this, it is clear that the hospital has made excellent use of the resources that are available to them. I noticed that many patients without pressure mattresses had pillows at the end of their bed to prevent heel sores. One of the patients had lost his pincer grip and his spoon handle had been made larger with wax so that he could grip it easily- this small and easy change means that this patient is able to feed himself and maintain his dignity. The hospital also offers vocational training so that patients with neurological disability have the skills to find more appropriate alternative work after discharge, and are able to support themselves. The emphasis is on helping the patient to help themselves, and I was very impressed by this. The limitation in funding means that it is not cost efficient to order investigations for the sole purpose of confirming a diagnosis that has been made clinically. They are usually only ordered when there is doubt. This means that doctors have a very high clinical acumen as they must rely heavily on their clinical skills.

3. Discuss the most interesting case on the elective and reflect on their management.

I met a 21 year old male patient from the war, who had originally come from the north of Sri Lanka. He is a quadriplegic patient who has been with us for 10 years, due to problems with his discharge. He was too young to be discharged to the elderly care facilities, and the facility for young people could not manage him due to his disability. He had one sister who is unable to afford caring for him as she has a family of her own, and no longer visits. He has no other family. I was upset to hear the story of this patient; however he is in good spirits, is self-motivating and motivates other patients. He is able to operate a computer using only his chin, and has become an inspiration to the other patients with neurological disabilities, and an asset to the hospital. It is likely that he will spend the rest of his life in this hospital; however he has found a sense of belonging and purpose in helping the other patients.

4. How has the elective aided in your learning for your future as a doctor?

My time spent in Sri Lanka has increased my awareness of the limitations of resources, and has taught me to maximise the use of resources that are available, including the expertise of other allied health care professionals, such as those involved in orthotics and prosthetics. It is important to have an understanding of the role of other health care professionals. For example a surgeon performing an amputation should have an understanding of the fitting of a prosthetic limb, as the nature of the amputation will affect the functioning of the prosthesis. This highlights the need for better communication between different health care professionals, including educating each other.

As the threshold for ordering investigations is much higher in Sri Lanka when compared with the UK, my experience in Sri Lanka has reminded me that many diagnoses can be made on history taking and clinical examination alone, and has encouraged me to rely on my clinical skills as much as possible, so that they are not lost over time.

Elective report- Singapore

1. What are the common medical conditions amongst the general population of Singapore?

I completed part of my elective on the general medicine ward at National University Hospital. As I was on a general ward, there were patients with a wide range of medical disorders; however cases that seemed to be more commonly observed included sepsis and pyrexia of unknown origin. I do not believe that this is a true reflection of the health of the general population of Singapore, where ischaemic heart disease makes up the majority of the disease burden. The BMI cut off scores were revised by the WHO in Singapore because Asian populations have a higher proportion of body fat compared to Caucasians with the same gender, age and BMI. This places them at a higher risk of cardiovascular disease and therefore the threshold for diagnosing an individual as being overweight is lower when compared with the UK.

2. Discuss the healthcare system and provisions in Singapore and compare with the UK.

The healthcare system in Singapore has many similarities with the UK. The majority of patients are registered with a regular General Practitioner, and referrals to the hospital are made via the GP. This ensures that referrals are made in appropriate circumstances and to the correct department. Referrals can also be made within the hospital from one department to another. This is the same as in the UK, but contrasts with the healthcare system in Sri Lanka. In Sri Lanka, patients are not normally registered with a GP and may present for the first time in hospital, without any prior medical investigations. This is time consuming and expensive for the hospitals. After discharge, like in the UK, a discharge summary is provided by the discharging team to the patient's GP. They may then be followed up by the GP alone or by a consultant led clinic. In Sri Lanka, patients are often lost to follow up as they are not registered with a regular GP.

Other similarities between the healthcare system in Singapore and the UK are that patients' notes are to be kept in the hospital and are also recorded electronically on a computer database. This allows easy access to notes. This contrasts with Sri Lanka, where patients are given the responsibility of taking care of their own notes, including radiographs. This makes it difficult to access notes in an emergency situation, and patients may also misplace their notes. In this situation there would be no access to their healthcare records. I spent my time in a government run hospital in Sri Lanka; therefore I am unable to comment on the private run hospitals, which have more funding and resources.

Ward rounds in Singapore include the morning round, and the exit round. Ward rounds also take place twice daily in the UK. The morning ward round includes the consultant, registrar, houseman and the medical students. During the course of the day, the patients will also be seen by the physiotherapist and occupational therapist if necessary. The ward pharmacists also attend in the morning. As in the UK, input is offered by all members of the multi-disciplinary team. The ward rounds I have attended have been teaching ward rounds, where my consultant, Dr Khin, encourages all members of the team to participate and be involved in the decision making process. I have learnt a great deal from listening and observing on the ward round.

Another similarity between healthcare in Singapore and in the UK is that the patient's autonomy is always respected and is of utmost importance. It is the culture in Singapore for care to be very family centred, and end of life decisions always involve the patient's family.

There are some differences between the healthcare system in Singapore and the UK. In the UK, the patients must be discharged by a certain time in the day. In Singapore, the patient may be discharged at any time as there is a greater urgency for beds. Compared with the UK, there are fewer hospitals and a very high population density. In the UK, the National Health Service provides a free healthcare service, ensuring that everyone has access to health care. There is also the option of private healthcare. In Singapore, everyone pays for their healthcare;however the government provides many subsidies for those who are employed. There is one patient on the ward at National University Hospital who has had a squamous cell carcinoma for many years, but has not had it removed due to the cost. Although the healthcare system in Singapore is very efficient, this has implications for some patients.

3. Discuss the most interesting case on the elective and reflect on their management.

One case that is memorable for me was a young gentleman diagnosed with SLE. He presented with atypical features of SLE. All the patients with SLE that I have personally witnessed in the UK have been female and have presented with typical features. This patient presented with pyrexia and arthralgia, and was later noted to have an atypical rash. This has reminded me to consider autoimmune conditions in male patients when the clinical picture is ambiguous.

4. How has the elective aided in your learning for your future as a doctor?

My elective in Singapore has helped me to appreciate that not everyone is able to afford healthcare, and that resources must be used carefully. I spent some time after ward round assisting the houseman with her jobs, and I have also been able to improve my time management skills. This will be valuable for me when I begin working this year. I have also learnt that it is easy to become part of a team, even in an unfamiliar place, and to always ask for help if it is needed. Even where it was difficult to communicate with patients who spoke a different language, I have noticed that the team were always able to communicate their empathy and compassion towards their patients, who were very grateful. I have had a memorable and useful experience working with the medical team in Singapore, who included me on the ward rounds, allowed me to assist them and made me feel very welcome. My experience has given me more confidence in managing patients and has been enjoyable.

Farica Patel.