

Name: Dates of elective: 22/04/13-23/05/13

Elective address: Karapitya Hospital, Galle, Sri Lanka

Elective contact / Supervisor: Prof Weerzahne (head of medicine) or Dr. Sampath Gunawardena

Contact address / Telephone / E-mail of elective placement:

Dr. Sampath Gunawardena MBBS, PhD

Dean & Senior Lecturer in Physiology,

Faculty of Medicine, University of Ruhuna,

P.O.Box 70, Galle, Sri Lanka.

Tel: Office: 091 2223407; Fax: 091 2222314, Int: (+94); E-

Mail: deanmedruh@sltnet.lk

Subject: Medicine

Was it what you expected? I didn't really know what to expect. I knew there would be differences and that resources were fewer in Sri Lanka than in the UK, however the differences were not what I thought it would be.

The hospital building itself was probably the most unexpected thing as it was open with no windows at all and no real security. Animals wandered the wards. Nobody washed their hands and needles were reused. I didn't think it would be as it was but it wasn't too shocking.

Clinical experience? I saw a lot of interesting signs, a heave and apex beat visible from the end of the bed. A lot of thyroid symptoms and heard a lot of murmurs, felt some enlarged spleens and livers, however there were so many medical students (Sri Lankan and Elective) that there wasn't much opportunity to do procedures. It was also impossible to take a history, however the notes of all patients were accessible and the other students were keen to help out.

What did you learn about the people and the country?

Sri Lanka is a mostly Buddhist country, and the people seem kind and welcoming to everyone. Many of them live in poverty but seem to be content. They all seem to be content that the civil war is over and that the country is finally rebuilding from the devastation effects of the Indian Ocean tsunami in 2004. Most patients I met were happy with their healthcare and seemed to be a lot less "entitled" than some of the patients I have met in the UK.

The country is beautiful and has an interesting history, the most recent of which involves the civil war between the Sinhalese and Tamil people, the after effects of which seem to be some prejudice against Tamils, and also that there are many people who have been injured in the war begging for money. Landmines are still found on the beaches and it was interesting to talk to people my own age with memories of being within a warzone.

What did you learn about the health care professionals you worked with?

I learnt that in order to be a consultant in Sri Lanka the doctors must work for one year in an English speaking country, (UK, Australia, New Zealand or the USA being the most popular choices) and as a result of this Sri Lanka loses many of its doctors to these countries, as they prefer to work where there are more resources. The medical students and doctors were extremely knowledgeable and extremely hard working. The level of care provided was excellent, and eerily similar to the UK. The differences I encountered mostly centred around resources and infection control. Unfortunately many of the other members of the team did not speak English well enough for me to have conversations with.

What did you learn about the health care system in that country?

In Sri Lanka the hospital is publicly funded, however certain medicines and lab tests are not. Furthermore there are issues such as home oxygen not being available. The most striking thing to me was that there was no publicly funded primary care, which resulted in a heavy strain on the hospital admissions. The hospital never turns anyone away and therefore has people laying on the floors in the wards waiting to be seen after the ward round every day to see if they have to go home or get a bed. The GDP percentage spent on healthcare in Sri Lanka is 3% according to the doctors I spoke to. Many are frustrated that their government is spending more money on attracting tourism than on health. Nobody thinks washing their hands is important.

What were the best bits? I enjoyed seeing another hospital system and talking to the Sri Lankan doctors about their experiences. It was interesting to see so many signs that I wouldn't have seen in the UK. Exploring Sri Lanka was good fun as well.

What were bits you least enjoyed? On my first day I walked in to an arrest call. The patients on the wards were all watching, as were the students and the relatives of the patient who subsequently died. Though it was an interesting experience this was upsetting and I found it harsh that the relatives weren't properly looked after. I also did not enjoy how the senior doctors berated the medical students who are held to an extremely high standard.

Were there any shortcomings? Too many students and I did not get to "help" in any way. I did not get any real clinical practice and felt that I was just getting in the way. Would you recommend it to another student? Sri Lanka, yes, this hospital, probably not, there is a hospital in Trincomalee that apparently has less medical students and more opportunities.

Would you do anything differently?

I would spend more time learning some of the language so I could have introduced myself and asked permission of the patients I was examining rather than having the Sri Lankan medical students do it for me. I would have tried to see some other specialties. I did go to psychiatry one day which was interesting but this was towards the end. Had I realised how relaxed it was to go to other specialties I would have seen more of the hospital.

What did you learn about yourself?

I learnt that I am very independent and did not enjoy being dependant on other students and doctors to communicate for me. I was also frustrated by not being able to be useful.

Where there any deviations from the risk assessment? No

How was your accommodation?

Excellent, I stayed with the family of a member of the faculty. They provided cheap close accommodation with food which was delicious. They were keen to take on other students. Rohini Alahapperuma chankusd@yahoo.com is the contact for the accommodation.

How were your travel arrangements?

We used the buses which were extremely cheap and pretty fast. To use the bus, go to the conductor who will be hanging out the back or the front and desperately try to pronounce the name of where you want to go. Say it a few times and he will hopefully understand, tell you if it's the right bus and let you on. Then he'll charge you about 15p and tell you where to get off. People will take your bag for you on the bus if you have to stand, they are just being helpful, not robbing you in my experience. Trains were slightly more expensive and slower but more comfortable and had better scenery, make sure you buy 2nd class tickets.

Other experiences and information useful to future students:

Befriend the sri Lankan students, don't be too afraid of the seniors, ask to do procedures (go to surgery to get involved). Try and learn some of the language (Sinhalese).

If you go to the rest of srilanka use the lonely planet guide book. Go to unawatuna, aragum bay and ella if you can because they are all lovely. The pinnewala elephant orphanage is cruel but there's a good place near udewalawe. Wear sunscreen.

How Medicine services and care are delivered in Sri Lanka and how this differs from the UK

During my time at Karapitiya Hospital I have spoken to many Sri Lankan doctors regarding how care is delivered. Some of them have worked in the NHS and have been able to give me a decent idea of how the two are similar and different.

Similarly to the UK hospital care is free at the point of care and so are drugs and any other medicine related services. However GP appears to be a largely private matter, and is not state funded. Whilst the service is still there it is not a singular system like the NHS. The hospital seems to be the main provider of care for free, and organises follow up and community visits (from students, who have a lot more responsibility than the medical students in the UK). Furthermore certain drugs are not free for patients and resources are more limited. Patients requiring home oxygen may receive it but it is a long and difficult process and funding is not really available. Certain tests are not available in hospital and the patient has to pay for a private lab to process it, for example Troponin tests cost around 1400 Rs (around £8). This reflects that the GDP of Sri Lanka spent on healthcare is around 3% in comparison to our 8% in the UK.

At the hospital here I saw many patients lying on the ground or sitting on the ward waiting to be seen. These patients are seen after the ward round by the doctor who triages them and arranges their treatment but does not send them home unless they are happy to go home. This applies to everyone at the hospital, nobody is turned away. Again this differs from my experiences of the NHS where you have to have been referred or triaged in A&E to be admitted, and many patients do not want to be!

There is no real infection control at all. Doctors do not wash their hands between patients, and dogs and cats are frequently on the wards. Many things are reused due to lack of resources and I saw a needle on the end of the iv line ready to be re-used. When I visited the psychiatry department and saw some ECT being performed, every patient had the same oxygen mask used when they were anaesthetised. The hospital was very dirty. I don't know who is responsible for things like cleaning, or if due to the nature of the building, (no windows, just open) there isn't much point. Similarly perhaps hand washing doesn't take place because all of these other factors which are due to underfunding make it a fruitless exercise. It surprised me that there was not much importance placed on it because for most other situations the medicine was extremely evidence based and up to date. When I asked the response was simply, "oh we don't do that" with regard to washing hands between patients. I didn't want to push for details as I felt it would be rude.

The types of medical cases that present to a typical Sri Lankan hospital compared to the UK

Many of the patients on the medical ward are similar to those seen in the UK; Chest pain, fever, respiratory illness, stroke and kidney problems. What was different was that these cases presented much later than in the UK. Also some things are much rarer here, such as COPD and Alcohol induced liver disease. This is likely due to the cultural differences between the two countries, alcohol based issues do occur here, I saw a patient with wernicke's encephalopathy, but it forms a much smaller part of the culture here. Similarly COPD from smoking does not appear to be nearly as prevalent as

smoking is something women do not do, and men do not seem to smoke nearly as much as back in the UK.

Other things I have seen have been things which are obviously due to geographical differences, mosquito carried diseases and fevers, as well as other things that are due to higher rates of poverty such as malnourishment (Rather than the obesity issue in the UK).

There were more thyroid issues, and I saw several cases of graves disease. I also saw a lot of diabetes. Eating the food and drink available this is not surprising. Even things like coca cola and sprite seem to taste much sweeter in it than in the uk, and nearly everybody I met had a real sweet tooth!

How medicine principles are applied in Sri Lanka, and to develop skills in to apply to future practice

I saw that medical students and doctors in Sri Lanka are extremely hard working. They work to use limited resources and do the best for their patients with very little money for medications or tests. I saw patients with interesting and diverse signs which I am sure will help me in my future practice. Notably I saw thyroid disease, dengue and assorted other fevers, and many heart murmurs. I found it strange that there were so many medical students to one ward, but each student has a set of patients that they follow and have a lot of hands on experience. Unfortunately I did not get to spend much time doing any procedures or practical skills, due to the large number of medical students both Sri Lankan and Elective, but nevertheless I was able to spend time examining and learning about how poverty and the climate (mosquitoes, heat etc) can affect presentations and healthcare.

How my experiences working in medicine has shaped my future career intentions

I don't really know what I want to do as a future career which is why I did a medicine rotation. I feel that medicine fascinates me more than surgery and that this experience, seeing these patients helped by medicine has further cemented this choice. I feel that I definitely want to work abroad at some point during my career and spending time working in a different environment has helped me to understand how subtle differences in the country can change how medicine presents, and how it is treated. This experience has piqued my interest in working in medicine in other countries and cultures. I also feel that I should work harder, having seen how "easy" we have it in the overstretched NHS as opposed to Sri Lanka, which is severely underfunded. I feel I will appreciate working in an environment where needles, and face masks and gloves are not reusable and where patients don't have to have their families feed and dress them. I