

GENERAL  
MEDICINE



BARTS  
AND THE  
LONDON,  
MEDICAL  
SCHOOL

ELECTIVE REPORT - 2013



Karapitiya Hospital, Sri Lanka | Miss Rekha Sharma

## *Introduction*

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Sri Lanka is an island country based below the southern tip of the Indian sub-continent. It is surrounded by the Indian ocean, the Gulf of Mannar and Palk strait. It is also close to the Maldives. It is a tropical island of breath-taking beauty, as the landscape is very diverse from mountains in Nuwara Eliya and beautiful white beaches in Galle.<sup>1</sup> I could quickly see why it is called 'the wonder of Asia.'

The landscape is still very un-spoilt and still remains in its natural habitat, for example, in Galle palm trees line the streets and there is a lot of unique flora and fauna. The island covers an area of 65,500 km<sup>2</sup>, smaller than Ireland but it has a population of 20,860,000, 3 times the population of Ireland.<sup>2</sup>

I have been lucky enough due to my family background to visit India on numerous occasions, therefore I decided not to do my 5 week elective there but to try another south-east asian country.

Sri Lanka appealed as it has a very rich and diverse culture. I had a friend, whose family is from Sri Lanka and so she offered us an invitation to go on elective with her and it so it all fell in to place for us.

For the 5 weeks we were placed in Karapitiya Hospital in Galle, on the female general medical ward. We were lucky enough to stay at my friend's family home which was located 5 minutes away from the hospital.

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<sup>1</sup> <http://www.srilanka.travel/> accessed 05/06/2013

<sup>2</sup> <http://www.who.int/countries/lka/en/> accessed 5/06/2013

## **Objective 1:**

### ***What are the prevalent conditions seen in the general medicine department and how do they differ from the UK?***

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I had some pre-conceptions as to what I expected to see on the ward and the conditions I would be exposed to. I believed that I would be mostly exposed to communicable diseases such as malaria, dengue fever, infections and so on. However I was very surprised when throughout the whole 5 weeks I only saw 1 case of dengue fever, and the most tropical case that I saw was a snake bite.

It was actually non-communicable diseases (NCDs) that I saw most on the ward, including chronic kidney disease, diabetes and cardiovascular disease. It was explained to us by the medical team that the dynamics of disease has changed significantly in the last few years in Sri Lanka due to the Western influence in Sri Lanka and in particular to the diet and lifestyle. People have become more reliant on processed convenience food as well as becoming slightly less active in their daily lives, even in a more rural area like Galle. In fact communicable disease only account for 9% of total deaths in Sri Lanka whereas NCDs are estimated to account for 65% of all deaths.<sup>3</sup> With South-East Asians being more prone to conditions like Type 2 diabetes, heart disease, hyperlipidaemia and hypertension, combined with a change to a more western diet and decreased levels of activity, it is therefore understandable why these conditions are becoming more prevalent in Sri Lanka and actually this is not that different from the chronic disease management challenges that we see in the UK.

The management of these chronic diseases were very similar to the UK, where I was impressed by the importance given to patient education, however the idea of a multi-disciplinary team approach to management of these conditions was clearly missing. The idea that I really liked was that a lot more responsibility was given to the medical students to manage the patients as well as the nurses.

Towards the end of the placement, there were a few cases of measles and mumps. It was explained to us that the MMR vaccine is the most recently added vaccine to the National Programme of Immunisation in Sri Lanka<sup>4</sup>. Therefore there are many individuals who have missed out on this immunisation in Sri Lanka and cases of mumps and measles are now becoming prevalent in Sri Lanka. This is parallel to the outbreak of measles cases in Wales in the UK due to them being unvaccinated.

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<sup>3</sup> [http://www.who.int/nmh/countries/lka\\_en.pdf](http://www.who.int/nmh/countries/lka_en.pdf) accessed 05/06/2013

<sup>4</sup> [http://www.sundaytimes.lk/120318/MediScene/mediscene\\_8.html](http://www.sundaytimes.lk/120318/MediScene/mediscene_8.html) accessed 05/06/2013

## **Objective 2:**

### ***How is the healthcare system organised and delivered in the Sri Lanka and how does it differ from the UK?***

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It was very comforting as an outsider to recognize the familiar structure of the medical team, where the ward consisted of fy1s ,fy2s,SHOs, registrars and the consultant. The one thing that stood out was the sheer size of the ward round each morning, as it included 15 final year medical students as well as the team and any other elective students attending. On one occasion there were almost 30 of us on the ward round.

The layout of the hospital is very different from the UK as it is all open plan and consists of 2 solid walls with a roof but the other 2 sides are open, which allows ventilation and all the patients are protected from the elements. The layout was very cramped though and it was very difficult on occasions to move around during the ward round.

There was also a big disregard for patient privacy and dignity, I felt during these ward rounds to UK standards, however it came across that the patients did not mind this as they were so grateful for the care that they were receiving.

Infection control was also not a major concern on the ward rounds as the team went from one patient to the next without washing hands and there were no hand sanitizers on the end of the bed. Having said this, nosocomial infections were actually rare.

The consultants and professors were held in very high regard by all and there was utmost respect for them and a clear distinction for each rank of the team was obvious. The hierarchy still exists there, even more so between doctors and nurses, whereas it is dying out a little in the UK.

It was interesting to observe that the doctors or students did not carry out practical procedures such as cannulas and venepuncture, which was all done by the nurses.

### **Objective 3:**

#### ***What is the role of socio-economic factors on the health of the local population?***

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In Sri Lanka, government health care is free and so it has huge demands upon it. I noticed that people came from all around Sri Lanka to be treated in Karapitiya hospital. People would be sleeping on the floors and waiting for days to be receive healthcare. However, people in Sri Lanka do not go to hospital for basic things such as cold and so on, and will only go once it is critical for them. The health-beliefs are very interesting as a lot of people believe in natural cures and Ayurvedic medicine.

Galle is a major city of Sri Lanka and is based on the south-western tip of Sri Lanka.<sup>5</sup> Galle is a semi-urbanised area, with a variation of wealthy areas and some very rural areas. The GDP of Sri Lanka is \$5,520 and the percentage if that which is spent on healthcare is 3.4%.The average life expectancy is 71-78 years.<sup>6</sup>

Overall I noticed that the standard of living was lower than the UK, and this was emphasised by the being in the hospital, where the wards were very small and the beds were very basic. There were also stray dogs and cats all around the hospital and on the wards.

Having noticed all this I was very impressed by the delivery and efficiency of health care. It was recognisable that there were financial challenges the patients were still being managed very effectively and not that differently from the UK. The heath-care statistics are not very different from some more deprived areas of the UK and in comparison to other South-East Asian countries, Sri Lanka is doing very well. Considering that the country has been through very tough social, political events and natural disasters, its healthcare system is very commendable and is due to the policies that have been developed by the various governments such as allocating health resources between each province according to that area's needs.<sup>7</sup>

There were occasions that I noticed that due to shortage of resources and being cost effective, the choice of drug were discussed very closely in conditions like UTIs and pneumonias.

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<sup>5</sup> <http://www.who.int/countries/lka/en/> accessed 5/06/2013

<sup>6</sup> <http://www.who.int/countries/lka/en/> accessed 5/06/2013

<sup>7</sup> <http://www.health.gov.lk/HealthPolicy.htm> accessed 5/06/2013



### **Objective 4:**

#### ***On reflection of your experience at Karapitiya hospital, what do you think you have learnt and what impression has it made on you?***

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The hospital itself is a major teaching hospital in Sri Lanka and it was very interesting being there with all the Sri-Lankan final year medical students as we could relate to them the most. They all worked very hard and their medical knowledge was excellent. Having said that, their communication skills were not as well developed as ours and it was a good chance for us to share our experience and knowledge with each other.

I have been very privileged to be a part of a very experienced medical team at Karapitiya. It was an excellent opportunity to learn about management of patients with long term chronic conditions without the luxury of the resources that we have access to in the UK and yet still manage conditions effectively and efficiently as well involving the patient in the care.

I was able to call upon all my communication skills and communicate using other means such as gestures. I was lucky that my friend with me was able to speak Sinhalese and translate for me but I still had to use other methods of communication such as eye contact, gestures etc to fully engage with patients.

I have also learnt to appreciate the NHS in the UK and how lucky we are to be part of a well-established healthcare system institute which delivers world class medical care for free.

It has been an experience of a life-time and I feel very lucky to have carried out such an elective and one that will stay with me for all my life.

I thoroughly recommend this elective to other medical students.

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