

## Elective Report

My elective took place in Kandy, Sri Lanka where I experienced working in the departments of paediatric medicine, general medicine and obstetrics and gynaecology for six weeks.

### Describe the pattern of disease in Sri Lanka and discuss this in relation to global health.

The range of diseases I have seen in Sri Lanka vary from the tropical infectious diseases such as Dengue fever which are not commonly seen in the developed world to non-communicable illnesses such as type 2 diabetes mellitus, hypertension and the resulting health effects such as obesity and stroke which are increasing in prevalence. The majority of the patients I saw on the wards were between 35 and 65 years of age.

Many of the presentations were linked to chronic health conditions; however a significant proportion was due to an acute illness. However, patients tend to present later in the stage of their condition and therefore the disease may have progressed and more radical treatment necessary. The reasons for this are complex but may include distance to travel to a hospital, cost, fear and failure of Ayurvedic therapies which may have been used initially.

During my period on the paediatric medicine wards, the variety of presentations was fascinating and the age of the children ranged from several months to 12 years. The conditions I saw included the typical infectious diseases such as diarrhoea and vomiting, respiratory infections such as bronchiolitis and bronchopneumonia, epilepsy and those conditions that occur more commonly in this region such as thalassaemia.

The obstetrics and gynaecology rotation allowed me to see the breadth of conditions that are treated here both as inpatients and within outpatient clinics. These include amenorrhoea, polycystic ovarian syndrome, menorrhagia and dysmenorrhoea due to fibroids, endometriosis or adenomyosis. These were often treated surgically with a hysterectomy for peri- or post menopausal women which contrasts with the initial management that would be offered in the UK.

The sheer number of patients seen in Sri Lanka on a daily basis is impressive particularly in comparison to the numbers seen in the UK.

The pattern of disease I have seen in Sri Lanka in the context of global health highlights the increasing prevalence of lifestyle related illness which will continue to occur with development and changes to dietary habits, exercise and working patterns.

## **Describe the pattern of health provision in Sri Lanka and contrast this with the UK.**

Healthcare in Sri Lanka can be provided either by the government, privately or utilising the traditional Ayurvedic medicine option favoured by many people.

The government in Sri Lanka provides healthcare geographically as the country is divided into different areas controlled by the Ministry of Health who are responsible for health, water and sanitation. The care provided in hospital including medications are free of charge, however those prescribed as an outpatient must be paid for which must impact on those who cannot afford medications for chronic conditions. Investigations that are ordered for each patient must be countersigned by the consultant although more sophisticated imaging such as CT scans and MRI scans are possible at the hospital due to the purchase of new scanners.

During my elective placement, there were several days of nursing strikes and it was an interesting time to be present on the wards. The wards seemed to be more chaotic than usual but the doctors were doing an admirable job of combining their usual duties with nursing tasks. I was able to assist with the medication round; checking the prescription of medication, cross-checking the drug and dosage with another medical student and administering the oral medications.

It was also interesting to observe that patients would carry their own medical record contained in a notebook that would detail the patient's past medical history, consultations with other doctors and future appointments. In addition, patients also appeared to keep their imaging and scan reports with them. This system worked quite well, however, the diagnoses listed would require verification by the doctor. This also highlights the importance of continuity of care as patients may not always be fully aware of the details of their condition and this may lead to errors in their care.

### **Personal Objectives:**

Paediatric Medicine -

The day to day care of paediatric patients is very different to that in the UK. All the personal care of the child is undertaken by the mother or father including administering oxygen or nebulisers with occasional nursing supervision.

General Medicine -

I saw a wide range of presentations that were usually referrals to Kandy General hospital from other local hospitals due to it being a specialist tertiary referral centre. The general medical outpatient clinic was very interesting both in terms of the management of a heavy workload and variety of cases seen by

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both the consultant and junior doctors. It was interesting to observe that whilst the nurse would place the blood pressure cuff around the patient's arm, it would be the doctor who would actually take the blood pressure reading and document the rest of the observations before the consultation began.

#### Obstetrics and Gynaecology -

During my theatre days, I was able to observe several Caesarean sections and gynaecological surgery which were undertaken similarly to those I had seen previously during my training. Labour ward was particularly interesting as within a three hour period, I was able to observe three vaginal deliveries; one of which required an episiotomy that was undertaken with a pair of scissors and without any pain relief or local anaesthetic which was then used during the suture repair.

I was impressed with the level of antenatal care offered by the hospital with regular monitoring and the availability of ultrasound scans when needed.

### **Personal and Professional Development with reflection**

My six weeks in Sri Lanka have enabled me to develop personally with travelling independently to a new country, experiencing a different culture and language and being able to adapt to my surroundings successfully. Living in a shared house with up to thirty six other healthcare students was also an experience that led to development of different coping strategies but was very sociable and fun.

Professionally in regards to medicine, I have learnt so much about the different presentations and management of illness in Sri Lanka particularly infectious diseases such as Dengue fever. The gulf between the expectations of those patients receiving free healthcare here and that of the NHS was fascinating to observe. In part, this is linked to the cultural respect for doctors here with possibly the lack of knowledge of other potential options.

Other issues that were of relevance include the process of consent, patient privacy as examinations were often undertaken without the closure of curtains and discussions were held around the bedside which does also happen in teaching hospitals in the UK. Infection control was interesting as the wards were cleaned daily; however, there was no hand washing or use of alcohol gel between patients which would not be good practice in the UK. Lastly, prescribing is practiced differently in Sri Lanka, there is no signature recorded of either the prescriber or the nurse who administered the drug, and there is just a mark made to show it has been given on the chart. In addition, patients do not wear wristbands and the only identification is done orally to ensure the right patient receives the correct medication.

Overall, I have really enjoyed my elective in Sri Lanka, I have learnt so much about the country, culture and seen so many conditions that I would not have been able to see in the UK. It has been a privilege to work with doctors who were keen to teach and involve me in patient care.