Sarah Fendius, Kandy, Sri Lanka

Elective Report

For my medical elective, I went to Kandy in Sri Lanka. Kandy is the second largest city in Sri Lanka after Colombo but has a very distinct character to it in its more laid-back nature. It is located in the centre of the island as part of the Hill Country and has a rich cultural history with many sights within the city or nearby. I was staying with family friends who are retired doctors having worked in many different countries including Sri Lanka, India, Hong Kong and the United States.

I split my elective into doing a couple of week of general medicine initially at Peradinyia Hospital, which is Kandy's largest university teaching hospital. The second part of my elective I was placed at Kandy General Hospital, which is a government-run hospital but is also involved in teaching the medical students from Peradinyia University. There I was doing cardiothoracic surgery, which is special interest of mine.

Unsurprisingly, healthcare provision in Sri Lanka is very different to the UK. The healthcare provided by the government is funded through taxes, similar to the UK and is free at the point of access. However, there is the massive discrepancy in funding available, which becomes immediately apparent upon entering the hospital. The whole building is open to allow circulation of air as air-conditioning is a thing of luxury but that also means that there a few of the many Sri Lankan stray dogs residing in the corridors outside the ward.

The hospital is also always heaving with people. There is no way of booking an outpatient appointment though a new system will soon be trialled one of the doctors informed me, so at the moment if you need to be seen, you just turn up and wait. This was further confirmed when I attended a general medicine clinic one morning. It was held in a single room where five doctors where seeing patients simultaneously. Each had one small desk available and there was one examination couch for all at the end of the room separated by a curtain. As patients were seen, the next few were already standing behind the desk waiting, meaning there was virtually no privacy. Appointments last anywhere between two to five minutes, there is very little time to address matters of health education which would be very important in a country as Sri Lanka due to the high incidence of diabetes. As there are no computers, patients bring an exercise book with them into which the clinic letter is written by hand. Any blood tests or imaging results are also recorded in that one book. All patients have their blood pressure taken but very few are examined as there is so little time. In one morning clinic up to 900 patients can be seen that way.

On the wards, the bays are vast, holding up to 50 patients in one room with separating walls in between which come up to shoulder hight. Curtains are available but hardly ever used during ward round. The doctors I found to be very knowledgeable, often having been trained abroad in the UK, US or Australia. Luckily, ward rounds are being held in english as this is also the primary language in which Medicine is taught at the university. On the downside it also means that the patients who mostly only speak Sinhalese do not understand what is being discussed. Drugs are available quite cheaply in Sri Lanka, usually manufactured in India or China but sadly it means that there is no regulation and quality control thus I have been told of instances where antibiotic treatment failed due to the poor quality.

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Primary healthcare in Sri Lanka is in the very early stages. Many patients still present to the hospital as the first port of call. More minor issue can be dealt with in the peripheral hospitals in the more rural setting. More complex medicine means a transfer to the bigger centres in Kandy, Colombo or Galle. As there is a total lack of social support this means a huge impact especially for patients of a poorer background as they need to take days off to travel to the city and have an immediate loss of income. Difficulty also arises with matters such as stroke rehabilitation, of which there is none. Families are expected to look their relatives and no financial compensation is available.

If patients require surgery there are very long waiting times. There is a way to bypass this by being seen by the surgeons in their private clinics which run every afternoon. The cost of a pre-operative appointment is in the region of £100. The surgeon can then move the patient up the waiting list, in my opinion a highly flawed system as for many this fee is completely unaffordable.

Cardiothoracic surgery, a highly specialised field, is available also under the umbrella of free healthcare. In comparison to the UK, the outcomes are not much worse yet a variety of things are not available to the Sri Lankan surgeon. For example, intra-operative transoesophageal echo in order to assess the fit of a valve replacement as the success of any de-airing attempt or a CellSaver, a devise that allows the patient's red blood cells to be salvaged when blood is suctioned out thus meaning that there is a greater requirement for donor blood transfusions. Other things I had to get my head around was the use of newspaper to package sterile gauze, which has to be recycled similarly to the drapes, which are also non-disposable. I was very puzzled until it was explained to me that everything is sterilised in the autoclave but the initial hesitation in believing sterility remained during my week's placement. Infection control on the cardiothoracic surgery ward is, with alcohol gel, better than on those for general medicine ward where only one sink with one bar of soap is available and only one, very stained, hand towel.

Overall, my elective placement in Kandy was eye-opening. Many many things that I take for granted when treating patients such as the aspect of Public Health, which I used to almost belittle has in its absence a huge impact on the disease profile present. Of course there was an abundance of tropical medicine such as Ricketssia, leptospirosis, dengue fever etc but I found it more shocking how difficult it becomes helping patients maintain their own health, looking after diabetes and keeping the blood pressure within range. When this goes wrong it often means very young patients presenting with cardio- or cerebrovascular events presenting to the hospital.