SSC 5c Report

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Dates of elective: 21/04/14 - 16/05/14
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Subject: General medicine

1) Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health

The patient population of the clinic comprises mostly of refugees and migrant workers from Burma. Of the Burmese nationals, a big proportion of them hail from the Karen Tribe. Many have fled the country to refugee camps situated in Thailand and have no access to healthcare as they are unable to utilize the services provided by the Thai government. Others are migrant workers who follow their jobs in the different seasons.

Having a tropical climate and being on the border with Thailand and Burma, Mae Sot has quite a different spectrum of medical conditions compared to the UK. The many forests and rivers in combination with warm temperatures make it an excellent habitat for different species of mosquitoes, and hence the high prevalence of mosquito borne diseases.

Two of particular importance are malaria and dengue fever. Just how we test all women coming through the accident and emergency department for pregnancy in the UK. All patients with a fever in the clinic should be suspected of having these conditions until proven otherwise. Malaria itself is not widespread in Mae Sot, however refugees or migrant workers are at high risk of malaria due to the areas they live in. Dengue, is common in the area whether it be the locals or the migrant workers/refugees. It is commonly diagnosed clinically and supported by a full blood count (and usually a positive Hess Test).

Research in these two diseases are frequently carried out in the region and organizations such the Shoklo Malaria Research Unit have set themselves up there to study and improve the management of the conditions.

Another condition more common in the Karen tribe is Thalassemia. Many children are diagnosed with the condition at a young age with many of their families also affected or carrying the recessive gene. At one point in the pediatric ward, over half of the admissions comprised of children with thalassemia. In the UK, such a patient could be managed quite well with regular blood transfusions, iron chelation and even bone marrow transplants, with the child leading a relatively normal life. In the clinic,

presentations are often late, and hepatosplenomegaly and pallor are very common.

One similar disease that appears both here and in London is tuberculosis. Over the weeks I've seen patients who have come in with tuberculosis affecting the lungs and the bones. Treatment is similar in both countries and involves the anti-TB medication over a protracted length of time. Other conditions like diabetes and heart disease do occur as well, however probably with a slightly lower prevalence.

2) Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries, or with the UK

As one would expect there are vast differences in healthcare in the two settings of a developed and a developing country. On one hand you have the modern hospital with the latest technology, staff with university degrees and funding by the government. On the other hand, in one such as the Mae Tao Clinic, resources are stretched, options are not always available and there is no support from the government. Yet the clinic still provides healthcare to the many patients, whilst under those strains and many more.

Take for example the treatment of thalassemia. In the UK, you have access to multidisciplinary teams, numerous blood tests and bone marrow transplants. There is potential for such patients to be cured of the condition and lead normal lives. When you look at patients with the same condition that come to the clinic, the outlook is not so bright. Diagnosing thalassemia is not the problem, and in fact the medics that work at the clinic do it very well, but when it comes to treatment, the child or patient can only settle for infrequent blood transfusions. Blood isn't always readily available at the clinic, let alone the appropriate matched type. It is mainly supplied by migrant workers and parents or relatives of the patient. Also, the patients and parents aren't always able to return as frequently as they would like to the clinic as the journey costs money and time. They end up coming usually when the child is symptomatic. To top that off, they do not use iron chelation as it costs too much.

One area that was quite different was confidentiality. Understandably due to many of the buildings and rooms being communal, staff would discuss with patients or examine them in full view of the rest of the ward. Whilst that would seem very inappropriate in the UK, here at the clinic.

3) Health related objective: Healthcare with limited resources

The staff at the laboratory despite not being haematology specialists, are very efficient at spotting the parasite and

other blood disorders. Most of them have many years of experience under their belts and know their common pathologies in depth. They have limited investigations that they can perform, mainly full blood counts, blood films and microscopy. Other laboratory tests may have to be done at the Mae Sot General Hospital. Urea and electrolytes, liver function tests and immunological staining that you can readily get in the UK is non-existent at the clinic due to financial constraints. I feel that to compensate for that, they know their basic tests very well and use and interpret them excellently.

A lot of minor surgeries take place daily at the clinic, which include draining abscess, debriding wounds, avulsing toe nails... The medics working at the clinic have multiple roles. They are physicians, surgeons, teachers, counsellors, interpreters and cleaning staff all at the same time. In addition to their medical duties, they often help with the tidying up of the place and me orang the younger staff/interns. Listening in to one of their consultations shows how much care and dedication they have for their patients. All of them are down to earth and very willing to do what the clinic asks of them.

The clinic gets donations that help to keep it running and obtain supplies. Equipment is often used sparingly and where possible recycled so as to keep costs down. Tables with mats form the ward beds for patients and even the floor is fully occupied when numbers peak.

4) Personal/professional development goals. Must include some reflective assessment of your activities and experiences

Having had the privilege to be at the clinic for a few weeks, I observed many different patients and staff in the various departments. The medics rely heavily on the clinical histories and examinations to assist them in diagnosing patients and are very proficient at both. I have improved on my clinical skills due to the abundant clinical signs present at the clinic and the very obliging patients. In particular the abdominal examination, where I felt soo many spleens and livers. Taking histories whilst not speaking much of the language was a challenge, however thankfully the medics were always on hand to help translate. I have a better grasp of some of the tropical diseases than I once had in medical school.

One of the most important take away messages from the clinic I learnt, was the genuine kindness and compassion the medics showed towards both the patients and foreigners such as myself. During mealtimes they would share what food they had and constantly offer me drinks. I will endeavor to emulate these qualities in future practice.

Word count: 1176