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An Elective in Anaesthetics, Emergency Medicine and Critical Care

Between the dates of 21st of April to March the 23rd I conducted my fifth year elective at the Sunpasitthiprasong Government Hospital in Ubon Rachathani. Having already visited Thailand three times before and ventured outside the traditionally tourist areas of the country, I felt like I had a fairly good understanding of the people and the culture. However, This trip would prove to be my first experience of the Thai healthcare system. Upon first glance there seemed to be many similarities between Sunpasitthiprasong Hospital and The Royal London. Both are large tertiary referral and major trauma centres for their respective populations and both are government funded, providing free healthcare. However within hours of starting my elective the vast differences became apparent.

Described as having a "Long and successful history of health development" by the WHO, compared with its neighbours Thailand has a leading healthcare system. Since 2002 it has had free, government funded, universal medical coverage for its citizen. Similar to Britain, free healthcare in Thailand has been shown to reduce overall medical costs through prevention and earlier intervention. Accordingly it boasts superior health indices compared its neighbours: The maternal mortality is 48 per 1,000 births (with a regional of 240), the prevalence of TB is 189 per 100,000 (with a regional of 278).

However there are many differences between the Thai and English systems as well. The Thai universal coverage system utilises 4.3% of the Thai GDP (365.6 billion USD), approximately 15.7 billion USD gross. This compares to the massive 176.82 billion USD expenditure of the NHS. Accordingly, with very similar size populations (Thailand: 66.79 million, United Kingdom: 63.23 million) the Thai healthcare system has to provide universal coverage in a very different and much more economically efficient manner.

This became immediately obvious in how the Thai healthcare system utilises its medical staff. Unlike Britain, in Thailand primary care is provided by trained volunteers in community clinics, while the first instance of physician led services occurs in secondary care. This contrasts quite starkly with Britain where primary care is provided by GPs (family doctors) who act as the gateway for referral to secondary and tertiary care. About 50% of Britain's entire Doctor work force are GPs, in comparison Thailand maintains less than 300 registered family doctors out of its entire physician population. While initially surprising, I believe the reasons for this to be fairly simple. Each year British medical schools train about 22,000 new doctors, while Thailand produces around 1,750. A much smaller pool of Doctors necessitates a much more efficient use of them. Resultantly, in Thailand, senior Doctors are usually hospital specialists concentrated in tertiary referral centres. This allows them to provide the most service, to the most number of patients, in the most efficient way. Upon visiting a secondary care hospital it struck to me to find the A&E department, the surgical department and the obstetric department all led by a single intern (foundation equivalent). They were operating quite independently and without direct senior support. This contrasts so starkly with the medical opulence of NHS secondary care hospitals where each service would have its own team of Doctors, each furnished with on site, senior level support.

Unsurprisingly, considering how intern level physicians are utilised in Thailand, their capabilities, confidence and training provided a stark contrast to my own experiences training in London. Thai interns proved to be eminently capable and confident in their abilities. Having spent two weeks in the ER (A&E) department of Sunpasitthiprasong I experienced first-hand how Thai interns were able to receive, manage, stabilise and refer complex trauma and acute medical cases. While it's not necessarily uncommon to find English interns who are able to intubate, or FAST scan, or place a chest drain, in Thailand these skills are absolutely standard with each intern having performed them in excess of 100 times. In the NHS it would be exceedingly uncommon, and considered medically negligent for an intern to intubate a patient without direct senior supervision. In Thailand such an intervention is a daily requirement for an intern.

With a personal interest in Anaesthetics, during my medical school years I invested extra time and effort into my chosen speciality. Yet in total, before embarking on my elective, I had only managed to find opportunities to intubate about 10 patients. Over the course of two weeks with the Anaesthetic department at Sunpasitthiprasong I was able to intubate closer to 10 patients per day. This elective provided me with an absolute wealth of opportunities to develop my practical skills.

It is often joked in the NHS that intern Doctors have been reduced to medical secretaries. Never has this felt so true until now. I feel exceedingly grateful to have been able to benefit from the stark differences between our healthcare system and I would strongly encourage any other British medical graduate to organise an elective here. Between the fantastic skills and dedication of Thai Doctors, nurses and other healthcare staff to their patients, and their unending hospitality and friendliness I could not envisage conducting my elective anywhere else.