<u>Dates:</u> 14th April – 23rd May
<u>Location:</u> Cho Ray Hospital, Ho Chi Minh City, Vietnam
<u>Specialty:</u> Trauma and Orthopaedics
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It is no surprise that our elective in Cho Ray Hospital, Ho Chi Minh City, Vietnam, was an eye opening experience. After some discussion with the hospital, it was established that six weeks in the accident and emergency department was not a feasible option, so we were instead placed with the trauma and orthopaedics team. This enabled us to still have a first hand experience with emergency medicine in a third world country, but obviously, now from a surgical perspective.

Our first experience of the hospital, was the MDT meeting in the morning. This also gave us a chance to have a glimpse of the ward; and the difference between health care in the UK and Vietnam became immediately apparent. We were informed that we were seeing Cho Ray Hospital at an unusually quiet time. It is the largest hospital in Ho Chi Minh City, and during our placement there, only one person occupied each hospital bed, which at busier times, would be seen as a luxury. Even so, the wards were packed, with each hospital bed hugging its neighbour. There were so many beds, that they lined the corridors and would be placed anywhere that they could physically fit. The hospital was at all times overwhelmed with patients, and this would later become glaringly obvious, purely through witnessing how hard the doctors worked.

Following on from this, it is also pertinent to mention that there were different levels of ward comfort relating to how much money that person was willing to spend. For us, the highest level of comfort was obviously still some way off what you would expect in the UK, but it is important to understand that everything is comparative; if you could afford a room with one person per bed, with air conditioning in 35°C heat, that is understandably considered a luxury. For me, this was something that constantly kept me grounded and kept things in perspective.

On that note, the different levels of care were also apparent in theatre. Obviously, disposable drapes and gowns come at a real expense, and would not be a feasible option in a third world country. However, rarely, theatres would have these for certain operations. Again, this would be an operation that would be at a financial premium. However, it is important to consider that even in the UK it was not at all long ago that sterile but washable, non-disposable drapes and gowns were being used.

However as a side note, for me, there were some contradictory aspects of care, with regard to sterility. The doctors would scrub up in the same way, with the same care, as is emphasised in the UK. Even so, the theatres themselves were never cleaned between operations, and the sterile drapes were at times even rolled up on the floor. For me, it became apparent across the placement, that there was a great difference in the quality of care offered by the doctors, and by their support system. Clearly at times, it was also a case of practicality; theatres had two operations being carried out simultaneously. Their operation lists would not coincide and they would start on finish on different timetables, depending on the length of each particular operation. Understandably therefore, thoroughly cleaning a theatre whilst one operation is still underway, would not be feasible.

Having touched on the hospital itself, and mentioning care with regard to resources and facilities, I would now like to comment on the more medical aspect. In the UK, the orthopaedic team has a demographic heavily weighted towards the elderly, with joint replacements forming a reasonable part of the workload. In a third world country such as Vietnam, obviously, this would be an absolute luxury. The orthopaedic team by and large dealt with young people presenting with trauma. Our team told us that 80% of the cases that walked through their door were due to motorbike accidents. Having now lived in Ho Chi Minh for the duration of the placement, this comes as absolutely no surprise. The roads appeared to follow absolutely no sort of law, with it being a common occurrence to see motorbikes driving down the wrong side of the road or completely dismissing the need for traffic lights. Even more interesting, was that despite this, the vast majority of the doctors we worked with still owned motorbikes. For them, motorbike accidents had been completely normalised. Indeed, one history that was presented during the MDT meeting, stuck in my memory. A young woman was visiting her mother in Cho Ray Hospital, after she had been involved in a motorbike accident. On her way to the hospital, she was involved in a collision and was brought to Cho Ray. For us, this seemed pretty unbelievable. For them, this was every day.

The other 20% of the cases seen by the orthopaedic team mainly compromised of accidents in factories; indeed, I scrubbed in on an operation where a young man had completely sliced through the top of his thumb, and second and third digits. In Vietnam, health and safety within factories was essentially non-existent, so it is not surprising that this is one of the common consequences. Other than this, we occasionally saw operations from stabbings, but this was by far in the minority. Ironically, far less than you would see in London.

Finally, I would like to comment on the care provided by the doctors. For me, this was truly remarkable. Their skills were unbelievably impressive; especially within the environment of limited resources, decades behind the UK. On top of this, there were times when the orthopaedic team were venturing into territory that would normally be far beyond their jurisdiction, performing surgeries that would normally be performed by the plastics team and, even at one point, neurology. In the UK, there has been a development of super specialising, with orthopaedic consultants often narrowing down their skill set to just one joint. Medical care in Vietnam clearly would not be able to survive if such an environment was implemented, and this meant that the doctors all had an unbelievably broad portfolio, with competencies across the board. For me, this was most impressive. On top of this, greater responsibility was given at a younger age. More exposure, lower down on the medical hierarchy, bred competent surgeons, younger.

My last comment, is about the commitment doctors had to their patients, and how unbelievably hard they worked. Each surgeon would do a 24 hour on-call, every six days. Indeed, one week, our supervisor did his 24 hour on-call, starting and finishing at 7am. The next day, an external surgeon came in to discuss new techniques in the field and stream a live operation. Our supervisor stayed for this, meaning he had been in the hospital for over 30 hours without sleeping. He came in the next day at 7am. It is easy to forget how these kind of hours used to be the norm even in the UK, and still are, abroad. For me, this was inspiring.

My placement in Cho Ray Hospital is in all honesty something I will not forget and an opportunity I appreciate I am privileged to have had. I would urge any medical student to go and see medical care in a third world country, firsthand.