

**Describe the common diseases in Vietnam and how they differ from the UK**

In Hue Central hospital I was placed in the paediatric department. The department was separated into many different wards. I spent most of my time on the nephrology, haematology and tropical disease wards. All of the wards were crowded with no air conditioning. Many of the children's parents shared a bed with their child, staying day and night to look after them.

The most common tropical diseases in Vietnam are Malaria and Dengue fever. Respiratory infections are common and recently there has been an outbreak of Measles due to parents failing to take their children to be vaccinated. This situation being very similar to the Measles outbreak here in the UK.

In the nephrology ward I came across many children who were suffering from nephrotic syndrome. However, the exact cause in many of them remained unknown due to the inability to renal biopsy these patients. A lack of resources proves to be a real problem in this hospital, with limitations on the tests and treatments available for patients. Therefore, the doctors working in the hospital must rely heavily on their own clinical judgement and less on tests.

A common problem my supervisor faced, was lack of drug availability in order to treat her patients effectively. An example being Steroid Resistant nephrotic syndrome. The only available drugs for nephrotic syndrome include prednisolone, CYP and MMF. However, this is not enough, there are no hospital guidelines on dosages and combinations of these drugs either.

On the general ward there was a child suffering from epidermolytic bullousus, a very serious and debilitating disease. She had open wounds from rubbing her itchy skin and no dressings. Lack of hygiene is a real problem on these wards. Many of the children end up living in the hospital in order to receive their treatment, resulting in long hospital stays and therefore hospital infections ensue. Wound dressings are very important in this condition and keeping the skin as clean as possible is key. However, this is very difficult to do when the hospital environment itself is not kept clean.

**What is the health service structure like in Vietnam and how does it compare to UK.**

Health care services are mainly paid by cash, however there is a national health insurance program which has obligatory and voluntary insurance. Obligatory is for those working, while voluntary is for those not belonging to the obligatory category. Children who are below the age of 6 years old receive free medical insurance. There is a large discrepancy in the quality of healthcare received for those who pay in cash and those who have insurance. Those who pay in cash will generally receive better care and attention compared to insurance patients. Thus, the more money a patient has the better the healthcare received.

In Vietnam there are 3 groups of hospitals; first level, mid and low level hospitals. Generally, patients will receive a better standard of care at first level hospitals. This results in these particular hospitals becoming understaffed and over worked.

Overcrowded hospitals may highlight the importance of introducing family medicine. This would help relieve some of the hospital strain. There are only 4 training sites for family medicine in Vietnam, including Can Tho, Ha Noi, Thai Nguyen school and Ho chi minh. Hue not being one of them. There is a definite need for Family medicine here in Hue, it would help reduce the work load of hospital doctors and hopefully help with the overcrowded wards. Many patients end up in hospital with very minor complaints, alongside those patients who may be close to death. The family medicine concept is still new to many. Not many Vietnamese people will pay to for regular



check-ups if there is nothing physically wrong with them. Therefore, education on the role of Family medicine is important.

Spending money on healthcare is not always a priority for many Vietnamese people. Therefore, instead of attending to their ailments in hospital early, many are diagnosed at an advanced stage of their disease where there are limited treatment options available.

### **Discover how medicine is practised in Vietnam**

There are 11 medical schools in Vietnam. The medicine course in Vietnam takes 6 years and the schools are funded by the government. There are two ways of getting into medicine. The first would be straight from high school at 18y and the other is through a physician assistant program for 3years and then returning to medical school for 4 years.

An example of their curriculum throughout the 6 years:

Year 1 – Math, Biology, Physics, Chemistry, Philosophy, Anatomy Foreign Language.

Year 2 – Biochemistry, Histology, Nutrition, Physiology, Epidemiology

Year3 – Pathology, Surgery, Psychology, Pharmacology

Year 4 Surgery, Pathophysiology, Statistics, Sport medicine, Genetics, Obstetrics, Paediatrics.

Year 5 – Military medicine, Traditional medicine, Infectious disease, TB, Derm, Neuro, Ophthalmology, Forensic

Year 6 – Obstetrics, Paediatrics, Internal medicine, Surgery

So, although the list of topics may seem quite different to the topics studied in the UK, they cover a lot of the topics we do. This seems like quite a busy schedule for a medical student, with a lot of added topics compared to UK for example, military medicine, traditional medicine and forensic. However, these topics may be important in becoming a general doctor in Vietnam, so they can treat many types of patients.

As a doctor in Vietnam life is very stressful, tiring and can sometimes feel very unrewarding. Vietnamese doctors have quite a low salary when compared to other professions in Vietnam. In order to increase their income, many hold private clinics. In the UK, once you have passed your medical degree it is very easy to find a paid job. In Hue Hospital there were many Residents working unpaid for long hours due to limited job availability. Therefore, even after 6 years of hard work a secure, full salary job is not guaranteed. This makes me question whether it is really worth becoming a doctor in Vietnam.

### **Reflect on the clinical practices and behaviours observed in Vietnam and how they may or may not be incorporated into my future clinical career.**

Patient interaction is important when dealing with young children. Many children understandably do not want to be in hospital, therefore it is important to explain and persuade the child and parents to stay by highlighting the importance and reasons for their treatment. My supervisor however, did explain to me that diagnoses and treatments are rarely fully explained to both child and parent. Many parents accept whatever the doctor's decision is and do not question them. This highlights how important it is to communicate with patients regardless as to whether they agree with your decisions. In the UK communicating your actions to the patient is all part of consent, this is very uncommon in Vietnam.