ELECTIVE (SSC5b) REPORT (1200 words)

Objective 1

Mpetcharat Hospital, located in the Phetchaburi district about two and a half hours from Bangkok, serves both the outskirts of a large town and the surrounding farming area, accepting emergency cases from across the district. The hospital thus serves both a rural and urban population.

During my elective, the emergency department saw a wide variety of cases. Many were like those seen in the UK, including cardiovascular problems, minor injuries, and acute abdominal issues. Mpetcharat was one of the few hospitals in the region with a Cath lab, allowing me to witness multiple Percutaneous Coronary Interventions for STEMIs and non-STEMIs.

However, there were also many surprising cases, such as monkey and snake bites, and scaldings from open fire or wok cooking. Additionally, during my visit in April and May 2024, Thailand experienced an extreme heat wave. Daily temperatures rose to between 35 to 40 degrees Celsius and did not fall below 20 degrees Celsius at night. The local area was ill-equipped for such heat, with only large shopping complexes and affluent households having air conditioning. Consequently, the emergency department handled many cases of heatstroke.

In the UK, heatstroke cases are on the rise due to climate change, but I had mostly seen them in very young or elderly patients. At Mpetcharat, people of all ages, including young and middle-aged adults, were admitted with heatstroke. These were often laborers or beachgoers who had fallen asleep in the sun, but the extreme presentations and broad age range affected surprised me.

Road traffic accidents were also common in Phetchaburi, much like in the UK. Unfortunately, these frequently involved motorbike vs. car collisions, with motorbike riders often lacking adequate protection. Motorbikes and scooters were the primary mode of transport, and few people wore helmets for short journeys. It was typical to see two or three people balanced on one bike during rush hour. The lack of protective clothing or helmets resulted in severe injuries from crashes.

One particularly heart-wrenching case involved a hospital maid and her husband, who were knocked off their bike by a tired driver. Both were rushed to the emergency department at Mpetcharat and stabilized by the crash team. While her husband, who wore a helmet, escaped with only minor fractures, she suffered severe head trauma and required a referral to the neurological trauma center in Bangkok.

Objective 2

Thailand's healthcare system is internationally acclaimed for its relatively equitable universal coverage, similar to the UK's. Most of the population (over 75%) is covered by the ‘universal healthcare scheme’ (government-funded public healthcare, financed through taxation). The remaining population has private healthcare provided by their employers. This system theoretically provides care that is free at the point of delivery to every Thai citizen and permanent resident, including primary services, hospital inpatient care, and emergency treatment.

The service structure also resembles that of the NHS. Each region has several smaller district hospitals that refer to larger secondary hospitals for specialized care. Within each district, there are tertiary centers for high-level specialized care and investigations (e.g., interventional radiology laboratories or MRI scanners). Since all Thai citizens are covered by the universal healthcare scheme, there are no initial financial barriers to care, which is mostly accessed through emergency departments or community health centers.

I was surprised by how smoothly this system could work. Although there were long waiting times in the emergency department, they were still much shorter than in London, and patients received treatment within hours. During my elective, the people I met had very few complaints about the overall healthcare system. In contrast to some parts of the UK, there seemed to be relatively little physician burnout and high patient satisfaction.

Objective 3

Being based in a rural setting allowed me to discuss the healthcare system with a wide variety of staff and patients, providing valuable insights into Thailand's universal coverage system. Government funding and subsidization removed the financial barrier to access, but there were evident inequities in healthcare distribution.

Most tertiary services were located around the main cities, particularly Bangkok, jeopardizing the health of those living in rural areas who faced long transfer times. Similar to the UK, many physicians were reluctant to work in rural areas, resulting in a shortage of staff to cover the hospitals. Consequently, a single center served a much larger geographical area.

In Mpetcharat, it was common for patients to travel hours to attend a clinic. Despite this, I was impressed by the short wait times and universally high level of care they received upon reaching the hospital. It seemed that service distribution and the resultant limited health literacy and access to care were the main limitations in an otherwise equitable and effective healthcare system.

Objective 4

I was unprepared for the steep learning curve during the initial weeks at Mpetcharat. Few hospital staff, including doctors and nurses, spoke English fluently, and many spoke no English at all. Reflecting on this, I realize my mistake in assuming widespread fluency in English and not learning more Thai before traveling.

During the first few weeks, I relied heavily on Google Translate and the kindness of the few clinical staff who spoke English. Fortunately, as a private hospital, there were quite a few expat patients from the UK or Australia who spoke English, allowing me to take patient histories while adapting to the hospital and Phetchaburi.

Although my Thai improved during my placement, I relied heavily on non-verbal communication and basic phrases. This highlighted the benefits of working within an MDT, as there was always someone (often a non-clinical staff member) who could translate for me if needed. There was always a role I could take that promoted patient care. For example, most patient notes and drug charts were written in both Thai and English, so even if I couldn't communicate directly with patients, I could still work on rationalizing their

prescriptions and updating notes, essential skills for a junior doctor in the NHS. Similarly, patients were often happy for me to conduct basic clinical procedures and seemed very entertained by my attempts to explain these to them in Thai before the nurse confirmed their consent.

I learned innumerable lessons from the Thai clinicians during my elective placement—ranging from practical advice on dressing wounds to softer skills, such as explaining the importance of good glycemic control to someone who did not believe they had diabetes. I am very grateful for these lessons and the continued kindness shown to me by both the clinical staff and the citizens of Phetchaburi. I am now much more confident in both my clinical skills and overcoming language barriers to build good rapport, lasting relationships, and provide high-quality care.