ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

What are the most common presentations seen in Ophthalmology in Vietnam and how does this compare to the UK?

Ophthalmological presentations in Vietnam are shaped by both environmental factors such as greater pollution and issues surrounding healthcare access particularly in rural areas. Around 2 million people in Vietnam suffer from blindness, the leading cause of this are cataracts due to several factors such as the ageing population, increasing pollution in the environment as well as limited access to cataract surgery in rural environments, cataracts are a common issue in the UK as well however due to the widespread coverage of the NHS management of cataracts is more consistent in the UK[1]. Refractive errors are also common issues in Vietnam, in particular myopia is increasingly affecting school aged children in urban areas likely due to sharp rises in screen time and increased indoor activities. This can be seen by the prevalence of myopia which ranges from around 15% in rural areas to potentially as high as 40-50% in urban areas among school aged children[2]. Another key difference in ophthalmological presentations in Vietnam and the UK are infectious ocular diseases, such as trachoma's and different types of infectious keratitis due to differences in health infrastructure and environmental conditions[3]. Furthermore, age related macular degeneration (AMD) is one of the most common conditions in the UK requiring multiple clinics to handle patient flow whilst in Vietnam this condition is less common, diabetic retinopathy is another common condition in the UK and is increasingly becoming more common in southeast Asia due to the rising prevalence of diabetes. Additionally due to differences in screening programs and access to healthcare those who present with diabetic retinopathy tend to be more advanced and possess more complications due to lacking early interventions in comparison to the UK[4]. The main differences in ophthalmological presentations between Vietnam and the UK can be attributed to variations in demographic trends, healthcare access, and public health priorities. While both countries face challenges with diseases like cataracts and diabetic retinopathy, the UK's nationalised health service provides broader access to preventive care and treatment. In contrast, Vietnam faces significant challenges related to healthcare accessibility and infectious diseases, reflecting broader socio-economic disparities.

How does the healthcare model of Vietnam work? How do patients access services and how are these delivered in Vietnam to provide optimal patient care?

Vietnam utilises a model combining both public and private sectors, where patients require health insurance to gain access to healthcare. This model aims to provide basic

medical access to all citizens with the government having a strong focus on achieving universal health coverage, currently tax revenues are used to subsidise healthcare for those that cannot afford it, ethnic minorities, children under the age of 6 and elderly (those over 80), as of 2018 87% of the country has health insurance coverage however out of pocket payments are necessary for certain services and these tend to be high in relation to the average Vietnamese wage impeding access to healthcare. Furthermore, the extent of this can be seen with out-of-pocket payments accounting for 41% of healthcare expenditure in Vietnam[5]. Healthcare infrastructure in rural areas comprise of a network of public hospitals that can act as primary care providers. In urban areas hospitals can provide have more advances facilities and can provide more services though in general, public hospitals have limited resources[6]. Private hospitals in urban areas like Hoan My Saigon hospital where I carried out my elective have facilities on par with western hospitals and provide all services you would expect to find in a hospital. Overall, my experience at Hoan My Saigon was very positive I found the level of service very similar to hospitals in the UK and with similar equipment, for example ventilators in ICU were the same as ventilators in a NHS ICU as well. One interesting difference is the severity of patients, in the UK most ICU patients would be intubated whilst in Vietnam only a minority were and overall, the patients in ICU were generally in better health, this may be potentially due to cultural differences in expectation in health outcomes or palliative care. Another difference I found fascinating is the difference in wait times, in the UK patients typically must wait 4 hours to be seen in the emergency department whilst in Hoan My Saigon the wait time is instead only around 15 minutes which showcases the advantages of a private healthcare in comparison to the UK's universal healthcare coverage.

To explore how public awareness and prevention strategies are used in Vietnam and to explore how socio-cultural factors affect healthcare in Vietnam.

Vietnam has placed great emphasis on improving public health in recent decades to improve awareness and help prevent diseases. Proof of this can be found with Vietnam's swift response to COVID-19 which involved contact tracing, engagement with the population through various communication channels, and investment into research and research infrastructure which has led to the production of Vietnam's own COVID vaccines such as CoviVac and NanoCovax[7]. Vietnam has also supported community outreach activities in rural areas to promote vaccinations, identification of communicable diseases, improved hygiene, education of mosquito control practices and advice for mothers of new-borns. Additionally, Vietnam has a relatively high level of mobile phone ownership which opens avenues for telemedicine, which creates the possibility of providing healthcare to underserved rural areas by holding appointments over video calls. However, despite these successes Vietnam's public health faces great challenges. Healthcare systems lack digitalisation which makes it more difficult to assess healthcare outcomes and effectively allocate resources, furthermore the distribution of

healthcare workers is heavily skewed towards urban areas which makes healthcare access even more challenging in remote rural areas. Cultural factors create additional issues such as the social stigmatisation of certain health issues, HIV is particularly stigmatised which can lead to the patient being isolated or discriminated by others. Other infectious diseases such as tuberculosis and sexually transmitted diseases like chlamydia also hold social stigma and are seen as taboo. Mental health can also be seen unsympathetically by others in society which can lead to further isolation which can worsen mental health issues. Overall, these lead to delays in seeking treatment which can result in more advanced presentations and therefore worse outcomes. Another way socio-cultural factors can influence healthcare is the coexistence of traditional medicines and practices which can also lead to delayed presentations or interact with modern medical managements[7].

To gain more experience in Ophthalmology, ICU and Emergency medicine and to see whether this furthers my interest in these specialties and whether I would consider them as a future career option.

My rotations across ICU, Emergency medicine and Ophthalmology provided me with a comprehensive perspective across these different fields. I heavily enjoyed my time in emergency medicine, being able to see such a wide variety of presentations and see the differences between ED departments in Vietnam and the UK was fascinating. I particularly enjoyed seeing the quick thinking and decisiveness of the ED doctors and learning about the differences in diagnosis and treatment in Vietnam and the UK such as the greater availability in ordering additional scans in Vietnam compared to the UK. Overall, I will now consider training in emergency medicine especially if I have further good experiences in my foundation years. I also greatly enjoyed my time in ophthalmology and once again being able to see the similarities and differences between Vietnam and the UK was incredible to see. I particularly found hearing about the difficulties in providing services in rural parts of Vietnam interesting, which reminded me of Orbis which is a flying eye hospital providing Ophthalmology services and training to underserved areas around the world. Orbis also have a program in Vietnam running treatment and screening programs for retinopathy of prematurity which would be something I would definitely like to get involved in if I become an ophthalmologist.

Bibliography

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