

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

### **Elective Reflection:**

#### **Describe the pattern of head and neck tumours in the Bangkok population and discuss this in the context of global health.**

Having seen many head and neck tumour presentations within the NHS, I was amazed to see the variation in head and neck cancers in Thailand, especially when compared to those back home. Oral cancers are significantly more common in Thailand, with tongue cancer being far more prominent. The reasons for this increased incidence remain unclear amongst Thai head and neck surgeons. Additionally, the incidence of these cases are rising year on year, with patients presenting at a younger age than typically seen in the UK. Not only is this trend concerning, it suggests that potential underlying risk factors that have yet to be fully discovered and understood.

One notable observation was that the tumours in Thailand were generally larger at the time of diagnosis compared to those I have seen in the UK. One explanation for this is delayed presentation and diagnosis, which could be due to the differences in healthcare access and patient education between the two countries. A larger tumour size at presentation often requires more extensive surgical interventions, which typically impacts the overall prognosis for these patients. This experience has showcased the importance of global health perspectives in understanding and addressing cancer epidemiology and the differences between different regions. It has also highlighted a need for more research and collaboration to improve outcomes for patients with head and neck cancers worldwide.

#### **Describe and evaluate the Thai healthcare system in comparison to the NHS**

My time in Thailand gave me the opportunity to observe and evaluate the Thai healthcare system, and compare to the NHS.

The Thai healthcare system is a mix of public and private services. The Universal Coverage Scheme (UCS) covers most healthcare needs of Thai citizens. This system aims to provide accessible healthcare to all Thai citizens, similar to the NHS in the UK.

One key difference is the level of out-of-pocket expenses. While the NHS is funded through taxation and offers healthcare services free at the point of use, Thai citizens often face additional costs for certain treatments and interventions, even if they are covered by the UCS. This can lead to disparities in access to care based on the patient's personal wealth.

In the context of head and neck surgery, the use of any specialised surgical tech is often subject to extra fees. Ethicon's Harmonic is notable example of this, with costs hovering around £500.

In terms of infrastructure, leading government hospitals like King Chulalongkorn are well-equipped and offer high-quality care, and experience not too different from major NHS hospitals. However, there can be significant variation in the quality of facilities and services across different regions in Thailand, with rural areas often having limited resources in comparison. Conversely, the NHS ensures a standardised level of care provided across the UK.

#### **Evaluate the Thai system's strategy in regards to the integration of novel medical technology, and how this compares with the NHS.**

I was fortunate enough to be given an insight into the medical technology innovation landscape at Chula.

The innovation at Chula was impressive to put it lightly - being involved in effectively every rapidly developing technology, from XR to stem cell research. This was more than what I have seen in any NHS-trust. Being a government hospital, the strategy surrounding the innovation at the hospital was almost as interesting as the projects themselves. Unlike in the UK where trusts are can allocate their own MedTech budgets, and spend as they

like, at Chula, each project must be able open the door to commerciality. The government is happy to fund new innovation – but only if it can be used to generate funding for future projects. This creates a self-sustaining model.

However, the integration of such technologies is not uniform across the country. Major urban hospitals are well-equipped with the latest technologies, while rural and smaller healthcare facilities may face challenges in accessing and implementing these advancements due to budget constraints and resource limitations. This disparity can impact the overall quality of care provided in different regions.

In comparison, the NHS has a more centralized and standardized approach to integrating novel medical technologies. The National Institute for Health and Care Excellence (NICE) plays a crucial role in evaluating and recommending new technologies for use across the NHS. This ensures a more uniform adoption of advanced medical tools and techniques throughout the UK, providing equitable access to high-quality care regardless of location.

The NHS's centralized funding and procurement processes facilitate the widespread implementation of cutting-edge technologies, though sometimes at a slower pace due to rigorous assessment protocols. In contrast, the Thai system's more decentralized approach allows for quicker adoption in leading hospitals but results in variability in access and integration across different regions.

Overall, while both systems recognize the importance of incorporating novel medical technologies to improve patient care, the NHS offers a more standardized and equitable approach, whereas the Thai system excels in rapid adoption in key hospitals but faces challenges in ensuring uniform access nationwide.

### **Describe and reflect on the complexities of managing patients across a language barrier.**

As with most UK-based medical students in Thailand, I spoke effectively no Thai before beginning my placement here. With this in mind, I encountered the much-expected complexities of managing patients across a language barrier.

Communication is the backbone of good patient care, and differences in language can significantly impact the quality of interactions, and a clinician's ability to diagnose and manage.

All the doctors, nurses, and even medical students spoke very good English, which made my time at King Chula much easier. This allowed me to effectively collaborate with the team and understand the complexities of patient care. This linguistic capability not only enhanced my learning experience but also ensured that I could actively participate in clinical discussions and procedures without significant language barriers.

The theatre experience is truly universal, and I understood everything that was going on, even without speaking Thai, which greatly enhanced my elective experience. Despite the language barrier, the surgical procedures, protocols, and teamwork dynamics were remarkably similar to those in the UK. This familiarity allowed me to seamlessly integrate into the operating room environment and actively engage in the surgical process. I thoroughly enjoyed observing and assisting in surgeries, learning new techniques, and witnessing the high level of skill and precision exhibited by the surgical team. This reaffirmed my passion for surgery and provided invaluable insights that I will carry forward in my medical career.

During my second week at Chula, the international affairs team hosted a Thai language crash course. Although it did little to help my understanding of a patient history – being able to say “hello”, “thank you”, and “goodbye” greatly improved my day-to-day life in Bangkok. Simply being able to buy something from 7-eleven, or take the sky-train, while speaking little to no English was a major achievement for me.

This experience highlighted the importance of cultural competence and the need for healthcare providers to develop strategies to bridge language gaps. Simple measures, such as using visual aids, speaking slowly, and confirming understanding through teach-back methods, proved helpful. It also underscored the value of learning basic phrases in the local language to build rapport and improve communication.

Overall, managing patients across a language barrier requires patience, creativity, and an awareness of the limitations it imposes on clinical practice. This experience has reinforced my commitment to improving my communication skills and cultural sensitivity to provide better care to diverse patient populations.