

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

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

This SSC5b has been a truly unique and eye-opening experience in Thailand. I have had the opportunity to see first-hand the differences between their system and the UK and have been able to see the positives and negatives of each system. Given the state of the NHS at the moment there is likely change on the horizon and seeing an alternative system has allowed me to see how things could change. During this placement, I have been placed with the rehabilitation medicine team. This in itself is a big difference from the United Kingdom, as rehabilitation medicine is not considered a speciality there. Typically, in the UK, you would leave the rehab at the discretion of the team involved with the patient's care whether that be neurology, orthopaedics geriatrics etc. Here in Thailand, this is not the case, and these specialities can make use of the rehabilitation medicine team to help aid in rehab and recovery post-admission. I found this concept incredibly interesting and to be perfectly honest during my time at medical school so much emphasis is placed on diagnosis and management, and little is placed on the rehab process. However, when I think about it rehab is the most time-consuming part of a patient's journey. Therefore, I can truly see the benefit of having a designated specialty for this. As part of this elective, I had to set 4 objectives as seen above and will I discuss these below.

Whilst I may not have had a great amount of exposure to dengue fever as part of the rehabilitation team, it was something I had to be aware of when coming to Thailand and when I moved on with my travels to Bali. Dengue fever is a viral infection transmitted by mosquitoes. The most common symptoms of dengue include high fever, headache, body aches, nausea and rash. Whilst most get better within 1-2 weeks, people with severe dengue may require hospitalisation. Dengue fever itself is a growing problem with 400 million people getting infected annually worldwide and around 100 million becoming sick. Over the last 50 years, the infection rate annually has increased 30-fold. Specifically in Thailand, you can see the growing incidence with the number of cases increasing by 300% from 2022 to 2023 (46,678 to 136,655). It is important to note that this increase is skewed by covid-19 where there were low rates due to low transmission. However, with this said it is still a staggering increase. Additionally, there were more deaths from dengue in 2023 vs 2022 with 147 compared with 34 (an increase of 432%). Whilst there isn't too much concern with the death rate it is the underreported epidemiological, economic and societal burden that makes dengue a public health problem. If we simply look economically, the impact of dengue on tourism in Thailand reduced its GDP by an estimated 1.8 billion US dollars (0.33%) in 2019. As the prevalence of dengue fever increases, this negative impact will simply be amplified. There are strategies out there to try and reduce this burden in the form of vaccinations and trying to get dengue-free mosquitoes. However, both solutions are not straightforward due to the four serotypes of dengue fever and the cost of sterilising and biologically modifying mosquitoes. Despite this with the ever-increasing burden something must be done.

Moving on to talk about healthcare provision, the differences between Thailand and the UK were clear. Before coming here despite knowing that Thailand is a fast-developing country, I did not anticipate the state-of-the-art facilities that the hospital I was in provided. Whilst I understand that I was in one of the biggest hospitals in Thailand when comparing it to the hospitals in London like the Royal London and Queen's Hospital in Romford, I was shocked by the sheer size and availability of resources. The hospital itself consisted of multiple huge buildings and in terms of rehab I saw several rehab modalities I have never seen in UK hospitals, like shockwave therapy, robot free walking, magnetic therapy, dry needling and ultrasound-guided injections of dextrose, Botox or alcohol. I fully appreciate these methods will be on offer in the UK, but it is likely in the community as an outpatient and not as easy as within the same building/hospital. This just reinforced the point that there is a real emphasis on the rehab process in Thailand which I haven't had exposure to in the UK as a lot of the rehab is done with other healthcare professionals PTs/OTs and not a specific rehab specialty. However, the fact I had this experience is

invaluable for my personal and professional development, knowing what may be in store for a patient following discharge. Talking more generally about the system much like my time in Saudi Arabia it seems like there is less emphasis in Thailand placed on primary care services. In fact, in one of the buildings of the hospital which is purely outpatients' people could just walk-in to get an appointment with a specialist doctor. This was interesting as in the UK you need a referral from the GP and then the specialist can reschedule, you can't get an appointment as a walk in. Thailand does have a similar concept to the NHS in the form of universal insurance that everyone is obliged to. With that said they also offer government insurance and private insurance that gives individuals the opportunity to go to private institutions and be seen quicker for things almost a priority. Despite private healthcare existing in the UK, it is far less common, and its existence goes against the values of the NHS. However, with the increasing waiting times in the NHS and the lack of consequences for missing appointments things have to change, and private healthcare is on the rise. It has been very interesting to compare and contrast the differences between the two systems.

Thailand itself has to deal with several conditions that the UK doesn't. One such disease we have discussed in the form of dengue fever. Another such disease is that of malaria. Thailand has had to deal with malaria for quite a long time but now has developed a strategy that has got them very close to their ultimate goal of zero malaria by 2024 with zero risk in the major tourist areas and most cases coming from the borders. It has done this by using the 1-3-7 strategy. The way this works is case reporting within 24 hours (1 day) where the relevant authority is notified of confirmed malaria cases. Within 3 days cases are investigated and classified to allow for greater precision in assessing where the patient contracted the malaria and identify a source of transmission. Then lastly within 7 days, there is appropriate foci investigation and response; whereby the causes of transmission are identified, and appropriate interventions can be put in place to prevent such spread. It is very interesting to hear about this policy as before coming to Thailand I didn't even think about malaria here. However, the fact it has created such a blueprint shows how advanced the healthcare system is and shows what could be possible in more developing countries. Another such disease is that of Japanese encephalitis. Again, unlike that of dengue fever, it is on the decline. With this condition, there is a much greater use of rehabilitation medicine to help patients with aphasia and difficulty in walking. Additionally, to this, I saw my first patient with paraplegia following polio. In the UK I have never seen a patient before who suffered from polio to that extent. It was truly eye-opening to see a patient who had lived a long and fulfilling life with the help of rehabilitation medicine. It was a unique experience seeing this as previously I had only seen and heard about polio from the textbooks so seeing this person first-hand was very unique. With infectious disease, you think about the diagnosis and treatment, not the rehab that follows. But like in the other specialities of orthopaedics, neurology and geriatrics, rehabilitation medicine has a huge role, and I can see why it is its own distinct medical speciality.

During my time in Thailand, I learnt a huge amount about the culture across the population and the doctor-patient relationship. Generally, it is a culture built upon respect and good manners with everyone saying hello and thank you. I managed to engage and see lots of things like the Buddhist temples and I got a real feel of the history of the country, before this I had never been to Southeast Asia and the experience has lived up to my expectations. In terms of the doctor-patient relationship, it is a relationship built upon respect. In the UK there are a lot more demands and questions from patients, but in Thailand, the patient tends to truly value the opinion of the doctor. Additionally, the doctor would always make sure to listen to the patient and offer actively any symptomatic relief they could think of whether that be shockwave therapy or dry needling, which would not be the case in the UK. All in all, it was amazing to see the culture in Thailand as a whole as well as the culture in the healthcare institution.

Overall, this experience on this SSC has been truly unique and is likely an experience I will never have again. I have learnt a huge amount about the tropical diseases in Thailand, the differences in the healthcare system compared to the UK and the culture in Thailand as a whole and within the healthcare environment as well as the speciality of rehabilitation medicine. I would recommend anyone to visit Thailand and do an elective here if possible. Thanks to everyone involved in facilitating this placement.