

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

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

I chose to undertake an elective in Sri Lanka as I have worked with several Sri Lanka doctors who were all excellent and recommended the country for an elective. I stayed for four weeks in Sri Lanka, spending three weeks in Elpitiya base hospital and one week in Tangalle hospital, a more rural area. I spent some time in the emergency department, general medical wards, labour rooms and paediatric department. I believe I was able to get a good grasp on the common conditions seen in Sri Lanka and how they differ from the UK, whilst also comparing and contrasting the two health systems. Finally, I also spent some time in the Ayurvedic medicine clinic, a type of traditional medicine which focuses on prevention rather than cure.

Having worked with several Sri Lankan doctors previously I was aware of their skills and expertise, from my experience they often outshined doctors in the UK. It came as a shock to me the standard of the hospitals within Sri Lanka. Although I knew it was a third world country, the hospitals were incredibly poor both in infrastructure and resources. It wasn't uncommon to see stray dogs in the hospital, mould covered the walls and beds were rusty and dirty. People often shared beds and little privacy was available, meaning patient confidentiality didn't exist. Medicines were given from large pill jars and ground with a pencil and mortar on the ward, with equipment such as syringes being shared amongst patients. Surgical equipment was still boiled in the theatre between uses and cloth drapes and gowns still used. It wasn't uncommon for wards to be outside, covered by a pagoda and the hospitals were boiling hot with no access to air conditioning. Doctors explained it often took several days to receive back blood work and they had to use histories and examinations more as it was difficult to use scans and blood work in the acute setting. I think my view of the NHS is incredibly poor right currently and moral is low, this experience has really opened my eyes to how lucky we are in the UK.

It shocked me when I started on the general medical wards that the diseases seen in Sri Lanka are almost identical to what is seen in the UK. I don't know what I was expecting but I think I was expecting to see more tropical diseases. I saw plenty of pneumonia, heart failure and cellulitis, all of which are treated in the same way as they are in the UK. It made me smile to see 'British BLS' algorithms pinned up in the emergency department. However, I did see some tropical medicine on show, particularly in Tangalle, including Rabies, Dengue fever and Japanese Encephalitis. On discussion with one of the consultants he explained that they see a lot of type two diabetes, in particular, due to genetic variants of the population, this is something I have observed with South Asian patients in London. However, diseases like COPD remain low, as smoking rates are low in the population due to religious beliefs. Socially, the people here live in considerable poverty, which remains a social determinant of health. It was not uncommon to see vitamin deficiencies within the hospitals, anaemias and malnourishment. However, due to 70% of the population being Buddhist, there is a lot less drinking alcohol, drug taking and smoking. Interestingly, treatment for common diseases were more aggressive here, such as pneumonias being treated with antibiotics, steroids, anti-histamines. Doctors explained that antibiotic resistance in the country was high and often higher and longer doses are necessary compared to in the west. Patients also took longer to present meaning diseases had often progressed.

The healthcare system was set up completely differently to in the UK. Almost every consultant was a generalist of their field. It was not uncommon to see a consultant doing an echo on a ward round, or suturing a patient during their consultation in ED. It was apparently to me that because the doctors were so resource poor, they were broad in their knowledge and skills. It seemed exciting to me that patients didn't get referred to another department for a scan or a particular test but that everything could be done then and there with the doctor at hand because of their detailed training.

As I am interested in obstetrics and gynaecology, I spent some time in the gynaecology and labour rooms. It was interesting to me that things like IVF and fertility treatments were both free and easily accessible compared to the UK. Antenatal care was sparser, however, and it seemed uncommon for women to be undertaking regular antenatal care. It sounded like antenatal care was only provided if women asked for it and wasn't routinely offered or followed up on. Whilst I was there a baby was born with a significant facial deformity and was unfortunately palliative at birth, the doctors said this was not picked up due to lack of care. However, here in Sri Lanka terminations are illegal, although they do occur.

The Ayurvedic clinic was a difficult one for me. Although I believe in preventative medicine, the importance of diet, exercise and a positive mindset, I struggled to understand how this practice could continue today. The practice involves reading somebody's energies and using this to guide treatments with natural herbs and oils. They believe there are three energies in the body, that when unbalanced lead to illness. They believe balancing these energies, diseases such as cancer, diabetes and more can be cured. It was startling to me that this was government funded and that you see almost as many Ayurvedic clinics as western clinics. I struggled with the concept that these people could be called doctors and practice under such a title. I found it even more alarming the patients we saw; schizophrenia with a suicide attempt, an elderly lady with a breast lump and back pain and a young boy with flu like symptoms. These were all treated by the doctor without a history, examination or any testing and they were treated with natural oils. Although I am not averse to holistic medicine complimenting western, I struggled to see worrying symptoms being treated with natural oils without a doctor's input.

I believe this elective allowed me to immerse myself in a third world hospital. I was taken aback by the expertise of the doctors at such a junior stage in their career and admired that their doctors remained generalists. The conditions and resources within the hospital upset me and made me feel incredibly grateful for the NHS. However, it was reassuring to me that people present around the world with the same illnesses as they do in UK and that medicine is much the same. I am incredibly grateful and proud to have undertaken this placement and I would really love to practise medicine in a third world country in my career.