

ELECTIVE REPORT

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OBJECTIVES

- 1) What are the significant health issues in Sri Lanka?
- 2) Describe the Sri Lankan health care system. How does it differ to the healthcare system of the UK?
- 3) Describe the career structure in medicine in Sri Lanka compared to the UK.
- 4) Reflect upon the things you have seen and learned in Sri Lanka.

Background

I chose to do my elective in Sri Lanka, a developing country with a population of roughly 21 million people. Sri Lanka was known as Ceylon until 1972. It is an island within the Indian Ocean and is in close proximity to India and the Maldives. Originally a British colony, Sri Lanka gained independence in 1948. The main economic sectors of the country are tea exports, tourism, clothing, rice production and agricultural products, with India being Sri Lanka's largest trading partner.

The two official languages of Sri Lanka are Sinhalese and Tamil, with English as a "link" language. Sri Lanka has an ethnically and culturally diverse population; roughly 70% of the population are Buddhist with Hindus, Muslims and Christians making up the remainder.

Sri Lanka has one of the most literate populations amongst developing countries with a literacy rate near 95%. This can be attributed to a free education system, established in 1945, which helped ensure rural children could go to school and receive an education.

Objective 1: What are the common medical conditions in Sri Lanka?

During my elective I spent time in surgery, anaesthetics, cardiology and respiratory. I found that the range of presenting conditions were fairly similar to those seen in UK, however there were some notable differences.

Infections appeared responsible for most surgical admissions; most were due to infections of wounds in the legs – these people presented with cellulitis and erysipelas.

In the cardiology unit, again the range of diseases seen were similar to that of UK's, including: angina, myocardial infarctions, valvular diseases, arrhythmias and congenital heart diseases (some presented as adults) . Additionally, rheumatic heart disease was much commoner than in the UK (I saw one mitral stenosis patient with all the classic signs in the textbook) and there can be cases of pericardial effusions due to tuberculosis.

In the respiratory unit, there were a huge number of cases involving tuberculosis. Sri Lanka has a prevalence of tuberculosis of 79 per 100,000 people. Many people also suffered COPD (chronic obstructive pulmonary disorder) due to local cooking practices where they inhale fumes rather than from smoking.

Objective 2: Describe the Sri Lankan health care system. How does it differ to the healthcare system of the UK?

Sri Lanka is one of the few developing nations to provide universal healthcare. Since gaining independence in 1948, each successive government has made attempts to improve education, provide universal healthcare improve opportunities for social mobility. They have achieved this through implementing welfare-oriented policies and programs; this has allowed Sri Lanka to achieve relatively high standards of living compared to other countries of a similar economic level.

Tax payers fund the healthcare system. Like the UK, the healthcare system includes a private on top of the government sector. The state maintain a system of free hospitals, dispensaries and maternity services. However, people that can afford to get private care will often opt for this option if they can afford it; many people in the general population feel they will receive better care privately. The Health Ministry and Provincial Health Services provide a range of promotive, preventive, curative and rehabilitative healthcare. Different to the UK, ayurvedic medicine plays a significant role in Sri Lanka's health system; the government operates specialized ayurvedic clinics and employs ayurvedic physicians that work alongside with Western medicine practices.

There is a disparity in human resources depending on the province. Most doctors, nurses and paramedical staff prefer to work in areas such as Colombo, Kandy and Galle, leading to a geographic misdistribution. Additionally, many doctors and nurses opt to work in the private sector or work in other countries to gain a better salary.

Objective 3: Describe the career structure in medicine in Sri Lanka compared to the UK.

There are eight medical schools in Sri Lanka that teach evidence-based medicine. It is an undergraduate degree. Medical school lasts 5 years, and students are awarded with a MBBS degree (Bachelor of medicine, bachelor of surgery). Competition for medicine is high and because of the limited number of universities in Sri Lanka, several students choose to study

abroad; people often study in commonwealth countries and China. Following graduation, they must complete one additional year of residency to achieve full registration. In UK, this takes two years in the Foundation Programme.

The Postgraduate Institute of Medicine is the only institution that provides specialist training of medical doctors. Upon completing residency, doctors can apply for specialist training; the number of years varies upon the specialty. The biggest difference to the UK system is that at the end of specialist training, doctors must spend one or two years abroad. This includes training in countries such as the UK, Canada and Australia. This is encouraged to help doctors gain more experience in their chosen field and lets them perform and learn techniques that may not be possible in Sri Lanka itself. Upon return, they can finally apply for a consultant post.

Objective 4: Reflect upon the things you have seen and learned in Sri Lanka.

I thoroughly enjoyed my elective in Sri Lanka and was able to gain a greater insight into the practice of medicine in developing countries. It was an eye-opening experience and it was interesting to see how doctors could deliver healthcare without all the resources available that we have in the UK. For example, the hospital I shadowed for surgery was not able to perform U + E tests. Good clinical judgment was key in managing these patients well.

During my time in the cardiology unit, we were able to examine several patients. Some of these patients had rare diseases that are unlikely to be seen in the UK; as a result I was able to elicit and listen to signs of rare valve lesions including mitral stenosis. I witnessed echocardiograms being performed, ward rounds and the cardiac catheterisation laboratory. It was one of the major hospitals in Sri Lanka, and the facilities were therefore good. I was impressed by the large number of patients that can be seen here – doctors are willing to spend extra time to ensure that everybody that needs investigations/tests done are seen, and the turnover rate is surprisingly quick. However, I was also told that some patients cannot afford the surgeries they need. While the surgery itself is performed for free, patients are asked to pay for the instruments used, for example, a valve replacement. These can be expensive, and when it is not possible to pay for them, conservative management is unfortunately all that can be offered.

In the respiratory unit, I observed a tuberculosis clinic. I was amazed at how many patients could be seen in just a few hours. Four doctors shared the same room and patients lined up outside. Over a hundred were likely seen in a short space of time! I was able to see the impact poverty could have. Some patients were severely wasted and malnourished. Some people presented very late, although there are health promotion schemes trying to encourage people to recognise the signs and seek professional help faster.

Sri Lanka also appeared to have a smaller emphasis on the multidisciplinary team. While there are doctors, nurses and physiotherapists, there appeared to be little mention of other allied health professionals. In the cardiology unit there were only two physiotherapists for

over 80 patients. It appeared there was less emphasis on the roles that social workers and occupational therapists cover, while doctors covered all the duties that specialist nurses might do in the UK.

I would recommend this elective to anybody interested in coming to Sri Lanka. There is a rich and diverse cultural heritage in the country, there are opportunities to see healthcare in a very different setting to the UK and the doctors are all genuinely friendly and interested in helping you learn.