PAEDIATRICS
AMAR
CADWA

Elective Objectives

I completed my medical elective at the Karipitiya Hospital, located in Galle, Sri Lanka. I was interested to compare the whole hospital experience for paediatric patients from admission to discharge, and too see how this differs from the United Kingdom. I was also interested in how the local poverty and government policies would influence care given.

Before I discuss how paediatric illness was approached in Sri Lanka I would like to put into context the facilities available and the condition of the hospital. In comparison to the UK, there was an obvious discrepancy with government funding, however I would like to highlight that hospital treatment is still free for citizens of Sri Lanka. The facilities available were somewhat limited. For all major investigations and treatment there were adequate facilities but anything slightly specialised, it was either unavailable, or could be mediated through the private sector. The hospital itself, although very large, was not well maintained, with open wards, freely roaming cats and dogs and a lack of concern for infection control. For example, it was apparent that wards were not cleaned regularly, and doctors would not wash hands between patients. The wards also appeared very overcrowded, with about seventy patients fitting into a space that would occupy twenty beds in the UK, with no isolated areas for controlling the spread of infectious disease. This was an interesting insight into how similarly structured government hospitals work in lesser economically developed countries.

Despite the poor conditions the doctors had to work in, both physically and mentally (many worked for double the amount of hours we are expected too in the UK), the doctors were as knowledgeable and as experienced as the UK. I also found that due to the relative lack of investigations available, many diagnoses were had to rely heavily on an accurate and thorough history and examination. There was also a lack of medical equipment and many items, such as oxygen masks and tubing had to be reused, which has clear implications for infection control. These factors in combination with a poorly maintained hospital, albeit with dedicated doctors, would have obvious consequences for patient prognosis, with a poorer outcome in comparison to the UK. Patients are treated according to facilities available, including if a doctor has the time to see the patient, which was made apparent on the ward round when time spent with patients was minimal. Prognosis would also be influenced by the treatment patients had access too, and due to funding this would obviously be less then the UK, in not only the options of treatment, but also giving adequate treatment in the first instance.

The pattern of illness in the paediatric ward was not too dissimilar to that seen on wards in the UK. Although this was not a specialist paediatric center they still dealt with fairly complex cases such as tetralogy of fallot. The age range of patients was predominately limited to those under ten, with the majority being neonates through too toddlers. This did not seem the case when in I was on my paediatric placement in the UK, where I saw a spectrum from neonates too teenagers.

There were many children on the wards coming in with fever and generally being unwell, which correlated to the high numbers of patients being admitted with illnesses such as pneumonia, gastroenteritis and some cases of meningitis. The fact that there were a high number of infections on the ward, with some pathogens being more virulent then others, it was surprising that there was not a better attempt at infection control measures, the patients were just grouped in areas where they all shared a similar diagnosis. This situation was obviously influenced by monetary circumstances, but it was still difficult to see why they did not attempt even simple measures such as hand washing and segregation of certain patients.

One pathogen that I had never encountered before in the UK was the dengue virus, which causes dengue fever. This was an infection that had a mosquito vector, and quite prevalent in Sri Lanka which caused symptoms of high temperature, muscle, joint and headaches and a characteristic rash. The area of Sri Lanka we were situated in was a malaria free zone, however further up north on the island were bands of high risk malaria zones. Even though I did not see a case of malaria, it was interesting to observe these diseases and their patterns, as in UK we do not have infectious disease similar to these.

Treatment of patients, reflected strategies used in the UK, using pneumonia as an example, a patient would get similar, if not same the same investigations and antibiotic treatment. However, there would be a clear discrimination of resources when considering more expensive investigations and therapies. The ward environment and atmosphere is also different to the UK, the patient-doctor relationship did not seem adequate, for example, patients would not be given information of treatments and their illness, instead, just admitted and given medication until they were well enough to leave. Although these actions may not correlate to treatment outcomes, I feel that this can leave some patients anxious and uncertain.

Sri Lanka's heath care system reflects that of a less economically developed country, however with the knowledge that the doctors and hospital staff have, and with time, I feel that the standards can only improve. In the context of global health, Sri Lanka represents a country with fewer resources then many, especially in comparison to the UK. They compensate for this by having very well trained and experienced staff, by being resourceful and trying to help as many as possible. Despite their best attempts however, they still have a higher mortality and morbidity rates, even when considering the easier to treat diseases.

With regards to the objective of improving my examination and history skills, I found this placement very helpful. I had plenty of opportunities to examine and take histories (with aid of an interpreting fellow medical student from Sri Lanka), where I encountered a wide range of paediatric problems. I think I have also improved on my non-verbal communication skills as many times I had to use these during histories and examinations. The overcrowding, although bad, meant there were always new patients and lots of disease to observe. Following the foundation doctor around also gave me some insight into their duties and responsibilities. I feel I have furthered my knowledge and experience by

undertaking this elective. It was a very enjoyable and rewarding exploration into Sri Lanka.