

Elective Report - Vietnam 2012

Hue Central Hospital, established in 1894 provides 2078 beds and occupies 120 000 square metres making it one of the largest hospitals in Vietnam. The hospital is a key medical institution for the 15.3 million people inhabiting central Vietnam and is also the primary training facility for Hue Medical College.

During my time at Hue Central Hospital I spent time in both the department for Traditional Medicine and the department of Gynaecology allowing me to gain an insight into the Vietnamese healthcare system and compare and contrast it to the services provided by the NHS in the United Kingdom. On attachment to the department of traditional medicine we were able to observe and practice acupuncture, used to treat a variety of conditions such as sciatica, insomnia as well as hand and foot pain and conditions affecting the facial nerve. Having never done acupuncture this was both nerve racking however proved to be interesting in terms of the amount of anatomical knowledge required by the experienced acupuncture practitioners. We also observed the preparation of a number of herbs used day to day for the treatment of a wide variety of conditions. I was surprised at the value assigned to traditional medicine in both Hue Central Hospital and throughout Vietnam given the importance of evidence based practice which is so central to the provision of quality healthcare in the United Kingdom.

In the department of gynaecology I observed a number of different conditions and patients both young and old. I was surprised that alcohol gel was present in most patient bays however the only people to be seen to use it were my colleagues from England. Medical students (whom we were attached to) were assigned a number of patients which they were responsible for. I was surprised at the confidence of the students and the esteem and regard with which the patients held for them. I can only assume that this was due to the lack of patient contact with doctors due to the high pressure environment, vast workload and lack of resources in a country with a poor economic climate and developing healthcare system. The high level of trust put in the medical students was remarkable as was and the lack of senior supervision which often proved worrying. The students were keen to learn English from us and to observe us carry out examinations and hear our view on x-rays which they would hold up to the windows due to a lack of light boxes. On a certain occasion I was asked by a medical student to carry out an internal examination of a lady with ovarian cancer. The reason for this was so that the other students could observe the examination technique we had been taught in the UK. I declined the opportunity to carry out the examination due to a lack of a valid indication for the internal examination and for the fact that personally I was unable to obtain informed consent from the patient due to the language barrier. The situation made me feel very uncomfortable. I was also surprised that patients were at least one to a bed with no mattresses, the only bedding being a

straw mat and at the most, a fan. The hospital was stiflingly hot (especially for the Westerners!) however the patients were unsurprisingly just glad to be being treated by a healthcare practitioner. Also differing from healthcare provision in the UK were the hospital canteens where patients, doctors and visitors alike would drink alcohol, smoke and occasionally eat some of the scrumptious food that Vietnam is so famous for.

Leaving Hue central hospital I ventured up north to the mountainous region of Sapa where I visited a local project that taught hand hygiene to the local Hmong tribe children in order to reduce the spread of disease and water borne infections. This was a fantastic project promoting disease prevention in a remote community where running water was a rarity and when present, a complete luxury. At a remote hill tribe clinic on the outskirts of Sapa I was given a first hand account of how village women were given 'a pill' in order to stop them having too many children, which had become a major 'problem' in recent years. In contrast to the UK, it came across that patients were told which medication they needed rather than entering into a mutual discussion regarding what would suit the individual needs of each patient. Encouragingly however, even in the most remote of healthcare settings, World Health Organisation (WHO) posters were present promoting the importance of good hand hygiene and how this may be achieved.

My time in Vietnam was both interesting and enlightening and as a result of my time in the country I feel I was able to achieve my personal objectives set out before embarking on what proved to be a valuable elective period.