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GENERAL MEDICINE

Vietnam Elective Report

Hue Central Hospital

Objective 1. To learn about which medical conditions are common in Vietnamese children, in contrast to what I have seen in the UK. To understand factors that influence these differences.

During my time in Hue hospital I saw children who had been admitted under the care of the respiratory doctors. The majority of conditions I came across where ones I had seen in the UK; asthma, bronchopneumonia, bronchitis. Doctors told me asthma is becoming more prevalent in Vietnam. Compared to the children I examined while on my UK placements these children tended to be more critically unwell and have classical signs.

During my time in Vietnam I came across conditions I have not seen in the UK; such a hepatitis A and dengue fever. Birth abnormalities such as congenital rubella syndrome and Down's syndrome, appeared to be more common. These could be due to maternal vaccination rate, prenatal screening or maternal/paternal toxin exposure from chemical warfare. I met several toddlers who had been admitted for a chest infection and doctors had noted undiagnosed severe developmental delay. In the UK these children normally would have been picked up earlier by their GP, midwife or health visitor checks in the community.

Objective 2. Gain an insight into how medical care is provided in Vietnam; what provisions there are for those who cannot afford to pay; and what effect a private medical insurance system has in clinical care.

Hue Central Hospital is the 3rd largest hospitals in Vietnam providing health care to Central Vietnam with a population of 15.3 million. It has a very high occupancy at 137%. [1] The hospital receives funding from abroad which is evident in the form of western style medicine practiced. Most people pay for their healthcare, while the poorest get free healthcare. I would have liked to find out more about the criteria used to decide who qualifies for free healthcare.

Seeing our patients' relatives give bundles of notes in at the department's reception was a very unfamiliar sight for me. When I spent time in paediatric A&E I saw how parents had to choose whether to pay a fee to see the doctor more quickly or wait hours for assessment. Spending time in another country reiterates how fortunate we are to have a free healthcare system.

Objective 3. Learn the differences in the management of childhood diseases; and how differences in health beliefs and behaviours affect how they are treated.

These conditions were managed with western style medicine that I am familiar with, but resource constraints did make for some differences. There was no bedside oxygen so those requiring it would queue up at the nurses' station to receive it and I saw many breathless children, who would

automatically be given oxygen in the UK, without any. There were not the resources to design the department in a child friendly manner with play areas and school rooms.

There was an outbreak of a severe form of hand, foot and mouth disease (HFMD) during my time in Vietnam. HFMD is a mild fibril illness I had seen in the UK resulting in vesicular blisters in the mouth, palms and soles. There is no vaccine or proven treatment for HFMD. Last year in Vietnam HFMD claimed the lives of 153 people, mainly young children through a neurological complication of HFMD. All deaths are due to a HFMD strain called enterovirus 71 (EV71). In Hue I saw children being admitted from A&E with HFMD and children receiving experimental intravenous immunoglobulin therapy. [2]

Good hygienic practices are being encouraged to prevent the spread of HFMD. In schools and kindergartens they have been told to clean surfaces with sterilising solutions and ask those with HFMD to stay at home. [3] Most Vietnamese live in crowded impoverished conditions, which made containing the spread very difficult.

Objective 4. Develop abilities in communicating with patients where there is a language barrier.

During my time in Hue I only met two parents who could speak some English. To help put parents and patients at ease I learnt a few words to greet and thank them. I also utilised nonverbal communication; such as smiling, gesturing with a stethoscope or showing them my ID badge so they could read my name and what country I come from. Everyone was very friendly and the majority of parents were happy for me to examine their children.

I had expected communication with patients to be limited but I had overestimated how many doctors and medical students would speak English. This limited what I could ascertain about patients' medical histories and management which made examining numerous children a bit repetitive without any background information. This experience has certainly reinforced how important the ability to communicate is with both patients and colleagues.

References

1. Hue Central Hospital. *General Background.* http://www.bvtwhue.com.vn/index.asp?folder=Gioithieu&lang=en (accessed 1 May 2012)

2. World Health Organisation. *Information sheet Hand Foot and Mouth Disease (HFMD).* http://www2.wpro.who.int/NR/rdonlyres/8203EF90-220F-4179-A07D-FDAAD668D38E/0/WHOHFMDinformationnsheet_E.pdf (accessed 1 May 2012).

3. World Health Organisation. *Hand Foot and Mouth Disease in Viet Nam September 2011.* http://www2.wpro.who.int/vietnam/media_centre/press_releases/hfmd_pr.htm?wbcmode=presentationunpublished (accessed 1 May 2012).