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GENERAL
MEDICINE

Elective Report

Sri Lanka is a country off the southern coast of the Indian subcontinent in South Asia. It is an island surrounded by the Indian Ocean, the Gulf of Mannar, the Palk Strait, and lies in the vicinity of India and the Maldives. Covering an area of 65,500 km², it is smaller than Ireland, however it has a population that is 3 times greater. It is a country full of history and culture, and therefore seemed an ideal place to visit.

Differences in equipment between government hospitals in Sri Lanka and UK

For our elective period, we were given placements in various hospitals in Colombo, the capital of Sri Lanka. Our first placement was in the Ragama hospital of Sri Lanka. It was quite a small hospital that dealt mainly with trauma and infections. The layout of the hospital was similar to those in the UK, with wards next to each other separated by corridors. However the difference in facilities and equipment was immediately noticeable. The ward itself was very compact, consisting of a numerous beds which were in very close proximity. During the ward rounds this was very apparent, as the team struggled to gather around the bedside. The beds themselves were very basic, and in some cases there were patients sharing beds due to lack of space. We were told about how patients had fallen from the beds and injured themselves, since the beds themselves did not have the safety bars on either side as they do in the UK. Another distinct difference was the lack of electronic equipment present. All notes were in hard copy and there was no computer database, making transfer of information between hospitals difficult. X rays were also viewed using the negative film, and were held up against the light for clearer analysis. Patients were monitored generally by their wellbeing and basic bloods, without the use of the obs machine, which is found on most bedsides in the UK. The wards also differed in terms of the basic equipment present, lacking items such as alcohol hand sanitizers and gloves. Overall, it was clear that the lack of equipment was due to financial reasons and lack of resources, however, it did not seem to detract majorly in the clinical management of the patients. The doctors were very efficient and were clear on the management required for the patients and this could be seen as the patients improved over time.

Differences in career structure between Sri Lanka and UK

During our placement in Sri Lanka we had the opportunity to interact with medical students studying at the hospitals, allowing us to gain an insight on the structure of their education and progression of their careers. Eight Sri Lankan Universities have medical faculties: Colombo, Sri Jayawardanapura, Jaffna, Galle, Peradeniya, Kelaniya, Batticaloa and Rajarata. The output of all medical schools is around 1200 and they receive the degree MBBS (Bachelor of Medicine and Bachelor of Surgery). The training period is very similar to the UK, consisting of five years plus a residency period (Internship) of one year for full registration as a doctor in Sri Lanka Medical Council (SLMC). The structure of the years are also very similar, with the first 2 years consisting primarily of lectures, with the final 3 years concentrating on hospital education and experience.

We were told that since the intake into government free medical faculties are very limited, a large number of students go abroad to get a Medical Degree from a foreign university. Sri Lankan students study medicine at countries such as Russia, India, China, Nepal, Bangladesh, Pakistan and Latvia. Some also follow medicine in developed countries such as USA, England, Australia and New

Zealand where the tuition fees are relatively high. After qualifying, it is mandatory to do a year abroad to gain further experience. This year is carried out in countries which are affiliated with the Sri Lankan universities, such as Australia and England.

Prevalent conditions

During our placement in Sri Lanka we had the opportunity to see a range of medical conditions with some being more prevalent than others. Sri Lanka is a country which has a high number of mosquitos, and therefore people acquire the conditions which are associated with these insects. Malaria and dengue fever were the two common associated conditions seen. Malaria is a mosquito-borne infectious disease of humans and other animals caused by eukaryotic protists (a type of microorganism) of the genus *Plasmodium*. The protists first infect the liver, then act as parasites within red blood cells, causing symptoms that typically include fever and headache, in severe cases progressing to coma or death. Treatment for malaria however has improved over the years and rarely leads to death if treated effectively and efficiently. Dengue fever, also known as breakbone fever, is an infectious tropical disease caused by the dengue virus. Symptoms include fever, headache, muscle and joint pains, and a characteristic skin rash that is similar to measles. In a small proportion of cases the disease develops into the life-threatening dengue hemorrhagic fever, resulting in bleeding, low levels of blood platelets and blood plasma leakage, or into dengue shock syndrome, where dangerously low blood pressure occurs. Dengue is transmitted by several species of mosquito within the genus *Aedes*, principally *A. aegypti*. The virus has four different types; infection with one type usually gives lifelong immunity to that type, but only short-term immunity to the others. Subsequent infection with a different type increases the risk of severe complications. As there is no vaccine, prevention is sought by reducing the habitat and the number of mosquitoes and limiting exposure to bites. Treatment of acute dengue is supportive, using either oral or intravenous rehydration for mild or moderate disease, and intravenous fluids and blood transfusion for more severe cases.

Healthcare system differences

The healthcare system in Sri Lanka consists of both government and private sectors. The health system in Sri Lanka is enriched by a mix of Allopathic, Ayurvedic, Unani and several other systems of medicine that exists together. Of these systems allopathic medicine has become dominant and is catering to the majority of the health needs of the people. As in many other countries Sri Lankan health system consists of both the state and the private sector. The Health Ministry and the Provincial Health Services provide a wide range of promotive, preventive, curative and rehabilitative health care. Sri Lanka has an extensive network of health care institutions. Compared to many developing countries majority of the health institutions in Sri Lanka are resourced by different categories of trained Health Care Workers. With the Government's decision to absorb all medical graduates into the state health system until the year 2009, the number of medical officers employed is steadily rising. The main difficulties relating to human resources were the shortages of nursing and paramedical staff, severe geographic misdistribution and insufficient facilities for basic and in-service training. There is a significant imbalance existing in the distribution of current staff. Specifically the number and the rate of health personnel in the conflict affected North and East is extremely low while Colombo, Kandy and Galle have higher concentrations because of tertiary care health facilities. The migration of health human resources, on the other hand, is a serious problem, especially for medical officers. Some medical officers move to private hospitals or overseas to seek better salary and work environment. Regarding nurses, the human resources drain can be also seen. Some nurses tend to go to foreign

countries, administrative work or private sector to seek better salary. One of the big issues in human resources is that there is no overall human resources policy and development plan existing in the country mainly due to a lack of an organisation at the national level to take the initiative and the lead.