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Elective objectives

During my five week elective I had the great privilege of exploring the beautiful country of Sri Lanka. Situated below the southern tip of India and surrounded by the Indian Ocean, this tropical island has a breath-taking and diverse landscape with a rich and unique flora and fauna. From the lush mountains in NuwaraEliya to the white sand beaches of Galle, there are so many amazing places to visit and so much culture to immerse oneself in.

I was placed at Karapitiya hospital situated in Galle, an area of the southern province of Sri Lanka. Being a semi-urbanised area, it has a fairly balanced distribution of wealth relative to areas like Moneregala, which are less urbanised. Although this is true, many areas of Galle were quite deprived and living standards are poor in comparison with the UK. The conditions I experienced in the hospital emphasised this point, as it was not uncommon to see stray dogs and cats running around the wards and for severe overcrowding to be present. Having said this, I was very impressed with the dedication and expertise of all the healthcare professionals and students and, even with limited resources, the hospital was able to provide and care for its patients.

Due to the many political changes that have occurred in Sri Lanka in recent years health care policies have inevitably been reviewed, but the core values of these policies have remained constant- to continue to deliver a free and easily accessible health care system, which aims to reduce deaths caused by communicable and non-communicable diseases.

Communicable diseases are still a major burden on the Sri Lankan health service. Notable diseases include dengue fever, hepatitis A, chikungunya, leptospirosis and rabies [1]. I was able to witness how relatively common some of these communicable diseases were first hand. I saw several cases of dengue fever on the paediatric and medical wards, a disease I was quite unfamiliar with. Dengue fever is a communicable disease which continues to effect the Sri Lankan population and it has proven quite difficult to control. It was estimated that, during the 2004 epidemic of dengue fever, over 1.32 million US dollars were spent in the medical treatment and prevention of the disease [2]. Cumulative figures for this year show that 11403 have contracted the disease and 53 people have died due to complications. The provinces that pose a high risk of infection are Colombo, Gampaha, Kandy, Kurunegala and Kegalle and this is thought to be due to their urban setting and increasing population [3]. The age at which people contract the disease is also increasing- in the early 90's it

was recorded that more people under the age of 15 contracted the disease, but during the early 2000's this pattern reversed and now the situation is that a higher percentage of people over the age of 15 contracted the disease [4]. Dengue fever has been difficult to control due to rapidly increasing urban populations and also due seasonal monsoons that affect the island (the mosquitos which are vectors for the virus breed in water). Measures to try and contain the endemic include the drainage of potential mosquito breeding grounds, using biological control methods (with copepods) and improving sanitation and water services [5].

Rabies still remains a relatively common and dangerous communicable disease in Sri Lanka. From personal experience, I can see why. Nearly everywhere I went in Sri Lanka, there were stray dogs roaming around. Although I am very much a dog lover, I was very wary of getting close to these animals. It seemed to me that no one cared or were bothered about the potential health threats they posed and maybe this was a result of a lack of knowledge, or simply due the fact that they were so common that people had become completely oblivious to them. It has been reported that 49 people died from rabies in 2010, but this number has decreased dramatically since the 70's. Decreases in cases of rabies have been the direct result of the implementation of successful government control schemes. These include the stocking of post exposure prophylactic kits, country wide immunisation of dogs and also animal birth control which initially included the elimination of stray dogs but was then changed in 2007 to chemical and surgical sterilisation [6].

Community health is playing a bigger role in Sri Lanka. All people have access to primary healthcare facilities whether they are government run or private. The improvement in transport networks means that people are actually able to physically access these services, which might not have been the case in the earlier part of the 20th century. Primary healthcare, however, has been quite selective in the sense that it has tried to identify only the major causes of disease and mortality in the population. While this has led to significant decreases in infant mortality and an increased life expectancy, it has led to health care provisions being focused on serious diseases at the expense of 'lower priority diseases'. This has led to some criticism but I believe this is the best way of allocating resources as it will lead to the most dramatic changes in health outcomes. There is also no formal referral system in place within the community which could lead to significant problems in accessing higher level care. The problem of overcrowding in some areas has a huge burden on the primary healthcare system and this is something that needs to be addressed [7][8].

During my time in Galle I found the local population to be very friendly and welcoming. It was hard; however, to communicate effectively with people as Sinhalese is a very difficult language to grasp (to say the least!). In the hospital, it was largely through hand gestures and body language that I was

able to establish some effective communication with patients. As mentioned in my reflective piece, it would have been useful to try and politely ask some of the other students to translate for me but this was, most of the time, not possible as the students were keen to get on with their own work, with exams looming in the near future. This was not all bad as it gave me an opportunity to work on my nonverbal behaviours and cues which are undoubtedly important even when verbal communication can be established.

References

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