

GENERAL
MEDICINE

Vietnam Elective Report

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Elective Report

Thanh Nhan Hospital – Hanoi

Thanh Nhan hospital was one of the main hospitals in North Vietnam, it had over 400 beds with as many as 1000 health care professionals from all levels. The hospital consisted of many general medical and surgical departments, as well as A+E, ITU, renal unit, paediatrics, Stroke and rehabilitations, as well as all the diagnostic services, such as imaging, haematology, biochemistry. We were based predominately with general surgery and obstetrics and gynaecology.

Mai Chau/ Hang Kia/ Van Village- Rural Villages

Mai Chau had a local hospital with 200 beds, served by 100 health professionals of which 11 were doctors. Many of the equipment was funded by a Swiss NGO who also trained doctors. The Hospital had many departments from; A+E, ITU, general medical departments, a renal unit, and diagnostic facilities on site. They also provided traditional treatment and management with a fully equipped herbal department and acupuncture room.

Hang Kia clinic served a predominately Hmong population of 1,500. This small clinic was run by health care professionals that were not fully qualified doctors however they did a three year college course equivalent to a physician's assistant in the UK. Despite this they were competent to efficiently deal with the wide spectrum of ailments within the community from maternity, Obstetrics, general medical conditions and even dentistry.

Van village was a predominately Thai populated village that had a better understanding of western health services. The clinic ran in the same format as Hang Kia however they had one doctor as well. Despite having one doctor it was evident that he was limited in his management options due to the lack of resources.

What are the prevalent general conditions in Vietnam?

Whilst being in Vietnam we were able to have the opportunities to visit not only one of the main general hospitals in Hanoi but also several small clinics based in the northern part of rural Vietnam. From our visits in the rural parts and from a longer stay in Hanoi we were able to learn about certain prevalent conditions which are treated within the healthcare. Like the United Kingdom conditions such as lung cancer and diabetes were prevalent, alongside road traffic collisions particularly motorbike accidents. This wasn't a surprise as Hanoi's streets were rife with motorbikes, with no apparent organisational driving. Diabetes has become recently a major worry and burden on their health services with incidents reaching 10,000's/ year. The main issue seems that patients have no awareness despite some public paraphernalia on the condition and its consequences. Most patients present very late on in the condition with eye/kidney and heart diabetic complications. It was particularly evident in the rural regions that climate change led to an increase in fever related diseases, which were primarily treated with bed rest, and increased fluid intake, however if not resolved would lead to administration of antibiotics and possible referral to a bigger hospital in Hanoi.

Many labourers in the rural villages suffered from hypotension and musculoskeletal pain. After detailed histories from a few patients it was evident that is reflected the work that they endured every day. Carrying heavy laden baskets on their heads and backs, literally back-breaking work, whilst not rehydrating, was the main cause of most of the back pain.

Explore the protocols in place to prevent infectious diseases in Vietnam

A number of health initiatives were evident in rural Vietnam. Maternal health was an important issue where mother were encouraged to have antenatal checkups, the aim of having three throughout the pregnancy. Births are now a common occurrence in hospitals compared to home, as the trust is building between health professional and patients. It was also more apparent that women had a lot of choice in regards to birth control; Long acting reversible contraception (LARC) was the most common and recommended choice given.

Child health was also a governmental focal point, as majority of the patients attending the rural clinics were children under the age of 12. We were shown that there has been a successful vaccination programme across the whole of Vietnam with a predicted 100% uptake.

There was also several governmental drives form both screening and treating certain medical conditions. All patients who visited the clinic were screened for thyroid (in particular hypothyroid-low iodine diet related) disease, leprosy, tuberculosis and malaria. This would either be screened by taking a history, with possible investigations such as; Sputum sampling or blood film testing. If any patient is revealed to be positive in either of these conditions, free treatment was provided irrespective of their financial situation.

Teaching adults about sexual health, whilst using advocates

We were able to impart some of our limited knowledge onto mothers and health care professionals about the importance of breast feeding. One of the many myths which we found hard to demolish was the use of formula milk. Vietnamese people had a misconception that westerners never breast fed, and only bottle fed hence why we were bigger and taller than they were, breast feeding was deemed as a lower socio-economic tool rather than a medical advantage.

What are the health services in Vietnam and how does it differ from the UK?

Vietnam had a private health care system in place for which insurance is not compulsory. We were able to ask about the complex tier system of governmental support; however it seems to be a complicated system where an individual has to prove at any given time that they can't afford to pay the bill to the hospital. We were able to find out that Vietnam was spilt into several different regions, where essential the poorest regions like Hang Kia received the greatest amount of subsidies paying from nothing to 5% of the total bill. However if the individual is taken to a bigger hospital like Hanoi they would have to pay up to 50% of health service. In bigger cities like Hanoi, they were deemed to be considered a high income region, implying that the government would not help for any of the health services, if families were unable to pay, they would have to prove their low income to gain government funding. We were told in many regions of high income thus non/low government funded areas individuals chose not to buy any insurance and instead cover their own healthcare costs.

We were made to understand though that emergency treatment is initially provided without question of funding, as this will later be covered from the insurance provider or patient.

During our time there in general board meeting, there was a heated discussion of whether a patient would be allowed to have surgery despite the lack of finance from either the insurance or the patient. This subtext was evident and mentioned throughout our time there, that if you bribe or had contacts within the health services, rules and regulations could happily be broken for an extra dollar or two.