

Charlie Cummins – Medical Elective, Sri Lanka, Summer 2017

I undertook an elective which consisted of 2 very contrasting elements, partially this was by design although some organisational misfortune occurred. The initial 6 weeks of elective was due to take place in Galle in the southern province of Sri Lanka, I would then be following this up with a final week spent in Moorfields eye hospital in London. Due to unforeseen circumstances and much to my displeasure I was forced to cut my time in Sri Lanka short, leaving after only 30 days, to return to London. In order to fill the remaining elective time I worked with a local GP and surgeon whom I was able to contact through personal contacts.

I travelled to Sri Lanka with the intention of experience the practice of healthcare in a country which is in the process of developing its healthcare to meet that of more developed/western countries. The medical staff working in the Sri Lankan system are exceptionally well qualified and up to date with their treatment knowledge, frequently reciting the most recent NICE guidelines, but deeply limited in facilities to apply this skill. The healthcare system itself is modelled upon the NHS, I was informed by a consultant, and the familiarity of firm structure (SHO, Registrar and consultant being the official titles) and the proudly displayed BNFs (although 3 years out of date and quoting prices of drugs in GBP) was comforting. Similarly to the NHS the care provided by the hospital is free at the point of delivery with the patients only being required to pay for very select drugs and GP appointments. The option of private and traditional (ayurvedic) were both available but at a price and as such the state run hospitals are busy to the extent that the current oversubscription of the NHS pales in comparison, with every possible waiting area for clinic filled with patients having queued from the early hours for a chance to see a doctor.

My elective appointment was in the department of paediatrics in Karapitya teaching hospital, organised through the University of Ruhuna. The hospital itself is split between the university run wards and the hospital run wards. As such the students are limited to a very small number of wards, in fact there is just a single paediatric ward in which students are permitted. As such upon my arrival I was greeted by the sight of approximately 30 local students who were placed upon the same ward, meaning ward rounds were particularly hectic. However on the rare occasion that I found myself on a smaller ward round (3-4 students) the doctors made every effort to teach and the opportunity to see much more advanced disease than is seen in the UK was valuable.

The most memorable example of this was seeing a child of 14 months on the ward weighing only ~4Kg. This child had been born at 28 weeks and spent the first 6 months of life in the hospital for treatment for initially RDS and subsequent respiratory infections and complications. During this period the doctors said that the baby was unable to eat due to the illness and as such resulted in the picture of severe malnutrition that I saw on the ward. When I asked whether TPN would have been an option in this case the doctors stated they do not have the facilities of money to administer TPN.

Clinic was a brief respite from the chaos of the ward with there usually being only a couple of students per consultant, however the volume of patients was still unchanged. In each small consulting room, which were often not airconditioned and sweltering, would be 3 doctors each seeing their own patients who arrived with plastic bags containing all their medical information from X-rays to blood results to school exercise books in which the clinicians would write their clinic notes.

If your intention is to get large amounts of hands on experience then I would not recommend this location. The patients in the university wards were closely guarded by the local students and the competition for feedback from consultants was fierce. A few days spent on the general medical wards showed more opportunity for practical experience as there were more wards for the students to be distributed to. Fairly quickly my intentions changed from attempting to do as much medicine as possible to understanding how it is possible to deliver good care in the absence of the best facilities.

My overall impression of this placement was a mixed picture. The clinicians were mostly welcoming and enthusiastic but it seemed that anyone who had applied to the hospital was given a placement resulting in the saturation of the wards with students both local and foreign. The university however encouraged use of time not spent on the wards to explore a country as it may be the only time you ever spend in Sri Lanka. Time away from the hospital was spent exploring the lovely south coast of Sri Lanka (still scarred by the boxing day tsunami of 2005), visiting national

parks, temples, and tea factories for which the country is famous. As a country to visit Sri Lanka almost unparalleled in abundance of culture and friendliness, although I would recommend a placement at a different hospital.