

## **ELECTIVE (SSC5c) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

### **Elective Report**

**George Ryan**

**Thailand, Chiang Rai, Hill Tribes, Where There is No Doctor, Dr David Mar Naw**

Trundling along a pot hole filled road, hugging the side of a mountain whose top disappeared into the clouds and bottom loomed perilously several hundred metres below I couldn't help but think I'd misunderstood the meaning of 'Hill Tribes'. We'd been towed out of mud twice, broken down once but Dr David continued regardless. Swerving between potholes my side of the truck peered petrifyingly over the edge, again. Dr David unphased, expressionlessly shifts gear, continuing his quest to deliver aid to the Hill Tribes of Chiang Rai.

The Hill Tribes of Chiang Rai, northern Thailand consist of Burmese refugees. Having fled from an oppressive Burmese government they've set up camp in the mountains of northern Thailand. Denied citizenship by the Thai government they're left to their own devices to provide basic health, sanitation and educational services. Dr David, a Burmese refugee has taken it upon himself to facilitate the evolution of hill tribe society under the guise of the charity 'Where There is no Doctor'. 15 years ago there were no toilets, schools or provision of modern medical aid. Since then Dr Davids team have established toilets and running water in each of the 35 villages, founded a number of schools and provide pop up clinics as and when funds allow. As a volunteer I joined him on his ventures into tribal areas and helped run the pop up clinics.

On the whole Thailand's healthcare system is well established; with a government funded system running alongside a world renowned private industry, the Thai people don't do badly for themselves. In stark contrast, provision of services in the Hills is limited to the supplies Dr David is able to bring with each clinic, which in turn is limited to what can be obtained at the town pharmacy. Each foray into the hills was preceded by a top up of supplies; vitamins, beta blockers, diuretics, antibiotics, gauze, tape et cetera. Trips lasted 3-4 days, each day saw a new clinic in a new village. Churches, town halls, wooden huts, the verandas of wooden huts; the location of each clinic varied enormously depending on what was on offer. Once each clinic had been prepared, tables and chairs set out, rallying of patients and laying out of supplies, it was time to get to work. As the front man I was charged with clerking each patient, with the help of an interpreter a basic history and examination. Investigations didn't feature! Dr David would hear out my presentation and case dependant; either allow me to follow through on a management plan or join for further interrogation.

Presentations were much the same as those seen at a GP surgery in the UK; headache, stomach ache, ear ache, infective symptoms springing most readily to mind as I reflect. In contrast we also saw a number of delayed trauma cases. A combination of the popularity of motorbikes, pit filled roads and no A&E, accidents were common and the tribe folk had no option but to grin and bear it. With no way of investigating further and very basic supplies to hand, regardless of the extent of the injury the only options to hand were to offer pain relief and advice as to how to rehabilitate effectively.

In order to provide high quality care a clinician must know as accurately as possible what the pathology is, initiate the processes believed to most effectively eliminate said pathology, monitor its evolution and adapt his treatment appropriately. Without being able to thoroughly investigate his patients the quality of care Dr David is able to offer was compromised from the start. To compound this, seeing each patient twice a year does not allow for the necessary monitoring and adaptation of treatment required for optimisation of care. Two fundamental aspects of modern medicine taken for granted in the west. As much as it pains me to do so I can't help but question the effectiveness of some of the work we did.

As for suggestions as to how to go about rectifying such a fundamental flaw in service delivery, where does one start? There is only so much one man can do. Fundamentally it's an organisational challenge at the heart of which lies a lack of resources. The start of the solution is acquiring more cash. More cash more resources; skilled people and supplies. More clinics with a wider selection of investigations and management plans to hand. Assuming Dr David doesn't strike gold the charity will have to be more creative about how it goes about delivering its service. More forward thinking, planning and advertising clinics ahead of arrival would ensure more people in need turn up. Designing a rota detailing where the team will be when would allow villagers to travel from afar if in need as opposed to the clinic always finding them. Detailing specific items of equipment needed would allow volunteers to plunder their local hospitals before departing. Proper cannulas, urine dip kits and portable saturation monitors were basic bit of equipment that were lacking.

My time with the Hill tribes allowed me to keep up to date with the basic skills required to effectively clerk patients, especially useful on the cusp of beginning foundation year 1. Basic communication skills, clinical knowledge and examination techniques were put to the test and further honed. Of note, the language barrier was a challenge I had not yet encountered so frequently. Unable to communicate verbally with the patient I found myself relying more on positive body language to establish rapport. A simple smile, open posture and measured speech are internationally understood ways of communicating which, if done appropriately, put the patient at ease.

Over all I have no doubt the charity adds value to the Hill Tribe communities. Dr David's task is not easy. In comparison to the services offered in the west his challenge appears insurmountable. On a local scale this is not the case. Over the past 15 years a consistent flow of donations has helped transform a once segregated part of Thai society into a community who's children are now able to commute into town for work. I hope progress continues and wish Dr David all the best for the future.