

Elective Report - Mae Tao Clinic

1. What are the prevalent conditions seen and treated in the Burmese community? How do they differ from the UK?

During my 5 weeks at the Mae Tao Clinic, I rotated through 5 of the main departments: Child Outpatients Department, Child Inpatients Department, Reproductive Health Inpatients Department, Medical Inpatients Department, and lastly, Medical Outpatients Department. Throughout this time, I saw a number of patients with conditions that I had not seen before in the UK. In Child IPD, I saw a child with gross hepatosplenomegaly, secondary to a diagnosis of beta thalassaemia major. In addition, he was greatly malnourished, and had hence been placed on a special feeding programme in order to combat the malnutrition. In Child OPD, I was predominantly seeing children with acute infective illnesses, most often presenting with fever. Unlike in the UK, the vast majority of the children presenting with fever underwent investigations for both dengue fever and malaria. These are both conditions with a fairly high prevalence along the Thai-Burma border, and with the patient population of the Mae Tao Clinic made up of migrant workers from Burma/Myanmar, and families living on/near the border, it is important to exclude both of these conditions.

2. How are the medical services for the Burmese community organised and delivered, and what are the limitations?

The Mae Tao Clinic was set up in 1989 by Dr Cynthia Muang in order to provide healthcare to the Burmese refugee population, predominantly from the Karen state. This was as a result of the political unrest and the 1988 Uprising. 50% of the patients the clinic treats are migrant workers living in Mae Sot and the nearby border area. The remaining 50% are patients who have travelled over from Burma/Myanmar. On many occasions, you find that patients will have been to multiple clinics en route to MTC, before crossing the border in the hope of finally finding a treatment solution to their ailment. However, these patients commonly have conditions too advanced for there to be curative treatment, or they believe that more resources/funding may be available at MTC for there treatment. If only this was the case. The long term goal of the clinic is to further support its partner clinics within Burma/Myanmar, with the aim of them being able to provide more healthcare within Burma/Myanmar itself, and lessening the need for patients to travel long distances for healthcare. There will always be the need for healthcare for the migrant workers on the Thai side of the Thai/Burma border; however, increasing the availability and quality of healthcare within Burma/Myanmar will only be of benefit.

3. Explore the access to healthcare for the Burmese community in Thailand, and look at the impact of poor access on the health of the community

Treatment at the Mae Tao Clinic is free of charge for the refugees, as is the case in a number of partner clinics within Burma/Myanmar. The only cost at the clinic for the patient is a one-off registration fee of 30 baht. However, this does not necessarily mean that access to the healthcare is a simple process for those who require it. In many cases, patients have to travel long distances to reach the clinic, either on foot, or by paying for transport. In addition, many patients have to cross the border from Burma/Myanmar into Thailand, where the clinic is located, which in itself is costly. Even when across the border, the patients have to pass through a number of police/immigration checkpoints, each often requiring the patient to pay a bribe in order to pass.

The long term sequelae of poor access to affordable healthcare are that patients often present very late to the clinic. For example, patients with carcinomas are likely to present at stage 4, when the only treatment available is palliative care. If they were to present at a much earlier stage, eg when a cancer is still operable, there is a chance that funding may be found to refer the patient for surgery. However, finding adequate funding for all the patient requirements is extremely challenging, so cases must be individually assessed, in order to establish whether the planned operation/treatment would be able to achieve a tangible result for the patient's health (e.g. correction of congenital cardiac abnormality or cleft lip etc), or whether commencing treatment would end up being a drain on already limited resources without a good outcome, and in the process using up funds that may be able to benefit other patients. The latter seems to often be the case eg when treating a patient with carcinoma. Coming from a country where funding for treatment is never the primary limitation, I found this quite challenging. I found it hard to see patients suffering, with the knowledge that their condition would be fully treatable just with better resources.

4. Personal/professional development goal: To adapt to the practice of medicine in a contrasting cultural environment, and to enhance my communication skills to overcome barriers to good practice

I have thoroughly enjoyed my time at the Mae Tao Clinic. However, it has not come without its challenges. The first barrier to overcome was language. With patients speaking Burmese and/or various Karen dialects, I was unable to communicate directly with them. This meant that every consultation required an interpreter - most often, one of the medics at the clinic. While the English spoken by the medics was generally very good, I found this method of interpretation more challenging than using a medical advocate back in the UK. I think this is because in mediating the conversation, the nuances of the history were sometimes lost, and the history simplified. One thing I find particularly helpful when taking a patient's history is to hear the story of the illness in the patient's own words, as this can highlight key details within the particular case. Without this, I definitely found the process of formulating a differential diagnosis more challenging. However, I relish a challenge, and appreciate every effort made by the local staff at MTC for translating and aiding me in the care of the patients.