

Marta Wachtl

My elective in Viet Nam has been both great and truly eye-opening experience. I was based at Cho Ray Hospital in Ho Chi Minh City, which is one of the biggest and most specialised hospitals in the country. It is a main tertiary care centre covering southern Viet Nam, with facilities including over 25 operating theatres (main theatres and separate burns, cardiac and transplant ones) and 4 separate Intensive Care Units- general one, burns, cardiac and transplant, and neurosurgical.

The first thing that has been drawn to my attention as soon as I have stepped into the hospital was overcrowding. Cho Ray has 1 800 beds and cares for over 2 400 inpatients daily. This means some patients have to share beds or stay on corridors between wards. The impression is further enhanced by a great number of patient's relatives in the hospital- in Viet Nam it is the family's responsibility to provide basic nursing care. Moreover, there are frequently 2 surgeries running in a theatre at one time and patients are taken in and out of theatres as soon as possible- most still intubated on their way out to the recovery.

At Cho Ray, I was based for four weeks in the anaesthesia department and for 2 weeks in the Intensive Care Unit. In general, anaesthetic practice in Viet Nam is similar to what I have seen in the UK. However, most anaesthetists learn from English books and are open about the lack of resources to ensure the best practice. I found it surprising that the allergy status is not routinely checked before administration of drugs and induction of anaesthesia and that due to high cost, patients do not routinely receive thromboprophylaxis during the admission. Limited resources impact on all areas of care provided. The burns unit, looking after seriously injured patients, often with >50% body area burns, did not have a single PCA device and was too short-staffed to offer morphine to most of its patients. Although sometimes shocking, this experience made me realise what could happen if all the procedures and practices we take for granted in the developed world have not been in place. On the other hand, I was frequently overwhelmed with the efforts and dedication that all staff has put to ensure good outcomes for the patients.

During my placement at the Cho Ray I have come across trauma cases, which are not routinely seen in the UK. As motorbikes are popular way of transport in Viet Nam and enhanced safety regulations are not widely exercised, many patients suffer polytrauma requiring general surgical, neurosurgical, orthopaedic and plastic surgery input. This has provided me with a unique opportunity to understand the differences between anaesthetic requirements in each of those areas. Being involved in patient's recovery during the post-operative period, both at recovery rooms and Intensive Care Unit, provided me with unique opportunity to practice interpretation of ultrasounds, radiography and ECHOs, and formulating management plans. It has also given me more insight into pain management, and how adequate pain relief can be achieved using second line medications.

Experiencing how healthcare is provided in a developing country, like Viet Nam, is both an amazing and eye-opening journey. It not only provides a great opportunity to practice skills,

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but also shows the importance of safeguards that are in place in the UK to protect patients and staff. I would definitely recommend it to anyone interested in developing both as a doctor and as a person. As well as to anyone who enjoys travelling, getting to know other cultures and tasting local cuisines!