

## My Trip to Surin, Thailand

Putting everything I have seen, heard and felt on my trip to Thailand this summer would be next to impossible. Throughout my clinical experience at med school, it has always been emphasised that it is key to our experience to see and talk to as many patients as possible: it is only through seeing that we can remember and fully understand, regardless of how many text books we read.



Here is an account of my experiences that the the grant has helped me gain:

### FLIGHT:

**Step 1.** Spend the majority of the 13 hour flight vigorously memorising absolutely necessary Thai words and phrases using the essential ‘Learn Thai’ app you’ve downloaded:

Where is the toilet : hong-nam-goo-tee-nai-krap

Can you speak English : khan-pood-pa-sa-ang-grid-dai-mai-krap

I don’t eat meat : pom-mai-gin-neua-sad-krap

**Step 2:** Giggle to self as you notice every sentence finishes

with a ‘krap’

**Step 3:** Proceed to forget everything you’ve just tried to learn and resort to utilising the skills you’ve learnt from years of playing Sharades every Christmas.



### Get to know Thailand:

Sometimes, equally as important as the medical history, is a patients social history. For me, this included understanding Thai culture, traditions, social norms, religion and daily routine. It is only through exploring Bangkok for a weekend before the volunteering started that we could appreciate Thai beliefs, and the role they played in the Thai life. We also got to taste Thai cuisine, and understand the nutrients in the average Thai diet. We witnessed what was accepted by society, and what was not. We saw people with black teeth and red lips from the beta nut so commonly chewed. Appreciating Thai people and their customs made me more aware of social factors that could implicate their health when they later came to the hospital, and made it easier to empathise with and understand them.

understand them.



### **Get to know the other Volunteers**

Volunteers from all over the Western World had gathered to volunteer as teachers, elephant farmers, conservationists, and builders in rural Thailand. Sharing experiences, backgrounds and ideas just adds to the all-rounded knowledge gained from the experience. Also, sharing how medicine is practiced in other countries is also really interesting - I am so jealous of canadian scrubs which are way more exciting than our dire hues of blue and pink, compared to their funky designs!

### **Make a difference**

The first day at the hospital was an eye opening experience to see the way in which medicine is practiced in the other side of the world. We were asked to remove our shoes outside the hospital, and spent our days here bare footed as a sign of respect. Not too sure how that would go down with Health and Safety in the UK, with even flip flops being banned for members of staff in hospitals. We walked past the waiting room, packed with people like sardines in a tin, but had no idea what we were anticipating.

It was explained that this hospital was more of a walk in centre for people from all the neighbouring villages. As this centre is based close to the border of Cambodia, many of the patients speak a dialect which even the nurses and translator find difficult to understand. The four medical students including myself were split up and made teams with the nurse and midwifery students. One by one patients were sent to us. We would use the translator to get as much of a history as possible, then proceed to use the minimal resources available to make a treatment plan. The doctor only visits the practice on the odd occasion, and these patients are people who could not afford to go to the hospital to see a real doctor. We were better than nothing.

It really touched a chord every time we spent so much time trying to convince patients to see a real doctor at the hospital. This was often out of the question as as soon as you walk in, you have to pay 500 Baht, and every investigation, scan, consultation or test only helps the costs accumulate. We would frantically wikipedia everything to diagnose and treat as much as we could using limited knowledge and minimal resources. It really makes you think about the NHS we take for granted today, and what would happen without it. Especially in its current political state.



## **Dentists are Doctors**

Along with this free of charge hospital in this rural district, there was also a school which attracted many children of deprived backgrounds. We went to pay a visit to these children, not to check their general health, but their teeth!

Here, in the UK there is a more distinct differentiation that is made between a doctor and a dentist. In Thailand however, the boundaries in job descriptions are slightly blurred. At this school, we taught all the children how to brush their teeth, and gave each of them packs of toothpaste, a toothbrush and chewable pink plaque revealing tablets.

All the children would then come to us to have their teeth checked. What I saw was horrific. 90% of children had black rotting teeth hidden behind their beautiful smiles. Oral hygiene was completely neglected by the vast majority.

To my surprise, a few months later when on a GP placement back in London, a mother and daughter of 9 presented for a general check up. It was soon realised that she had never seen a dentist. When asked why, her mother said that she had never had a tooth ache, so did not need to. The lack of public education here in the UK regarding oral hygiene is equally as astonishing, and also validates my basic dental experience in Thailand.



## **Open your eyes**

Home visits in Thailand are very different to those in the West. Walking around the village, we saw babies cots made from tyres and bamboo, picked local berry's and were chased off by dogs.

One by one, we tested the eyesight of all the elderly people amongst the hens and goats.

One patient who I can not forget was an elderly lady, who's neighbours said "don't worry she's always like that". Dressed in only a few rags, old, fragile and emaciated, she was perched on her porch. When we asked her to cover one eye, she did not respond, so we covered it

for her. When asked if she could see the 'E' we held out in front of her, again, she did not respond. This continued, until we flashed a bright light into her eye, again, she did not respond. The light is so bright that anyone would at least flinch away. She was blind, and no one had any idea.

## **Immerse Yourself Completely**

In the UK we are so accustomed to questioning everything that may be presented to us. Whether its a new mode of communication with patients, a new drug, or a new practice; we are taught to always find and question the evidence.

It can not be forgotten that we are not at home. In Thailand, doctors as well as nurses clean wounds. This was an opportunity for me to do something I have never done before. Although in London we are taught to ensure a sterile environment is maintained before touching the patient, sometimes you have to make the best out of what is available.

Practices such as acupuncture and aromatherapy are under great scrutiny in the West. As doctors, we are advised not to advocate such practices. In Thailand however, these are practiced and preached. We went to the local temple, where a doctor had held a free seminar for all those who were injured to get aromatherapy massages and acupuncture... by us. This is went the doctors, come dentists became masseuses.

This was a fun experience, how beneficial the patients found it is questionable as we kept being told to press harder! To a point where patients started to teach us exactly how they wanted to be massaged.

### **Have Fun**

This trip to Thailand was one of the most inspiring, and momentous trips I have ever made. The experience was so rewarding, and I got to spend it with my best friend. I have made memories to last a lifetime, and experience that I am already applying on my firms back here.