

International Health elective at Phramongkutklao Hospital, Bangkok, Thailand.

During the month of April 2005 I spent 4 weeks on the Pediatrics Infectious diseases service at Phramongkutklao hospital, Bangkok. This is a military teaching hospital, but the patient population includes military personnel, veterans with their families as well as civilians. A typical day usually begins with morning rounds with pediatric residents and the infectious disease attending physician, Dr. Angkool. During rounds, after each case is presented by the resident or medical student, the attending physician usually turns to me and asks or tells me how a similar case might have been managed in the US. For the most part, I found that similar cases are managed similarly as in the US, the major differences lies in diagnostic approach. In general, I found that in Thailand, they usually go with much simplistic, least expensive diagnostics, mostly because the patients and the hospital cannot afford it, unless it is absolutely necessary as the last resort. There was a lot of emphasis on diagnostic physical exam skills, for instance I learned the "tourniquet test" to elicit petechial hemorrhage in Dengue hemorrhagic fever. After rounds, I spent the afternoons either shadowing one of the medical residents or participating in informal lectures by Dr. Angkool on various topics such as choosing antibiotics, HIV prevalence and diagnosis. I also spent some time at the microbiology lab and also with a parasitologist learning about Malaria prevalence in various parts of Thailand and current treatments.

I spent two days a week at the Pediatrics HIV clinic. All of the cases I saw at the clinic were congenital acquired HIV/AIDS. In most cases, the patients were brought to clinic by a grandparent who is their primary caregiver since they lost both parents to AIDS. Patients seen at this clinic have access to treatment. All their anti-retroviral medicines are paid for by the government, I think the money is partly from the Global Fund to fight AIDS. The only limitation being that the physicians are limited to prescribing the cheapest anti-retrovirals because the government would not pay for the newer more expensive drugs. There were some patients who were on only double combo therapy (triple drug therapy is the current standard) and they seem to be doing quite well. The Thai government have various programs to control/prevent the spread of HIV, for instance the Thai Red Cross and the Ministry of Public Health supply all HIV-positive women with AZT and nevirapine during pregnancy, and milk formulas after the birth of their infant. Thailand has one of the highest incidences of HIV/AIDS in Asia. Commercial sex workers are quite a common site in Bangkok night-life. For this reason HIV prevalence is on the rise among sex workers in some parts of the country, particularly in Bangkok.

Another program the Thai government has in place to improve access to healthcare in general is "the 30 Baht program". Baht is the Thai currency. 1 dollar = 45 Bahts. With this program, the patient pays 30 Bahts as they walk into the hospital, and this covers their whole hospitalization even if it requires surgery. This program is only available at designated public hospitals. A lot of Thais can afford this price.

I learned so much about the culture, values and economic issues of the Thai people. I am glad I had this opportunity to learn about some of the medical practices in a developing country like Thailand, because having this knowledge will ultimately benefit my patients as I begin my residency in pediatrics and my future career goals in international health and tropical medicine.

I would like to thank Dr. Rosenthal and the staff of the student affairs office and Dr. Nagendran for sponsoring the Suku Nagendran Scholarship for International Medical Studies, for making this trip possible.