A MONTH AT THE KARAPITIYA TEACHING HOSPITAL, GALLE

An Observership report

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“They raise thinkers, that is why they (Australia) are a developed country.”

--- The Head Department of Surgery at the Karapitiya Teaching Hospital in Galle was comparing the education systems in Sri Lanka and Australia as the five of us on Observership looked on. This frustration was due to his final year students being unable to answer a question he posed as simply as we did. We had noticed the difference in approach to learning between us and the medical students of the University of Ruhuna; they were far more cautious in asking and answering questions posed by doctors and this translated into a lack of confidence. Dr. Rajith Abeywickrama (Head Department of Surgery) was aware of this too and seemed determined to rectify it, encouraging his students to ask and answer more questions and not be afraid of being wrong.

The month at the hospital not only gave us an appreciation for our education, but also for the dedication and commitment of doctors and all medical staff, their ability to face challenges and their resourcefulness when solving problems. Additionally, I gained a true appreciation for the Australian medical system and being able to access high quality healthcare with ease. We are privileged to be able to view this as our basic right.

Arriving at the hospital we were excited and uncertain of what to expect, only knowing that it was the largest public hospital in Galle that our MD2 peers had completed their Observership in the year prior. We were met with a very bureaucratic registration process, which left us feeling helpless and hesitant about the remainder of the month. After one and a half days of trying to navigate the administration process we were finally ready to step into the wards and operating theatres, spirits high and eager to learn.

I will never forget walking along the corridors for the first time, being shocked by the sight of the ‘open air’ layout, with patients lying on beds in the corridor or on the floor even, infection control appearing to be the least of priorities. In our first year of this degree the significance of hand hygiene was ingrained into us, and yet there, not a single hand-wash station was visible in the corridors and if a sink was found on the wards, having soap was not guaranteed. This was even more of a concern in the waiting rooms in front of the out-patient clinics where there were constant crowds like we had never seen before and everyone was visibly sick.

We spent all four weeks in surgery and this involved spending time in the operating theatres as well as pre-operative and post-operative clinics. One of the most eye-opening experiences that I will never forget was the day spent in emergency surgery. The morning started off quiet with two psychiatric patients who had recent psychotic episodes receive electroconvulsive therapy. We were naïve in thinking that the rest of the day would follow the same steady pace. Suddenly, 5 patients who had been involved in road traffic accidents walked or were wheeled into the single theatre and placed on beds, each with deep lacerations and possible fractures. The surgeons on call sprang into action, cleaning wounds, debriding, suturing and planning further management or surgeries. This continued as patients were brought in one after another, and describing the atmosphere as chaotic is to say the least. Patients received minimal anaesthetic and witnessing their pain was a very confronting experience for me. It was a similar situation when we were in the endoscopy and colonoscopy rooms. Patients undergoing an endoscopy only received lignocaine throat

spray rather than sedation, and were in visible pain during the procedure. I asked Dr. Abeywickrama about sedation options and he explained that they do not have the facilities and funding for post-anaesthetic care for such a common procedure like we would back in Australia. He was empathetic and recognised that without sedation this procedure would be traumatic for many patients but there was no other option with the limited resources available to them.

Pre- and post-operative clinics were held every Friday morning. The size of the room was comparable to those we have in clinics here, with a desk, chair, sink and examination table. The first Friday morning there, the five of us were early and greeted by the longest line of patients queuing up inside the waiting room with the line continuing all the way outside. We were curious to see how the clinic would be conducted and all patients would be seen given that the attending surgeons were required to be in theatre only a few hours later, and we were not disappointed. Around the small desk three surgeons took their seat whilst a nurse brought in patients for each of them to see simultaneously. Should a patient require physical examination, one of the fifteen local medical students in the room would bring the patient to the examination table in the corner and the ten of us foreign students completing electives had to shuffle around the wall and provide enough space whilst trying to learn and examine the patients ourselves if required. We were shocked by the lack of privacy and confidentiality in the room and we realised how fortunate we are to have private consults with doctors at home. In saying that, we were truly impressed by how much of an emphasis was placed on respecting patients as equals, and ensuring students asked for consent prior to examining, offering chaperones and thanking their patients after. It was in these clinics that Dr. Abeywickrama would test our understanding and knowledge of the presenting complaints or surgical management of the patients.

When he attributed our ability to answer a question to the fact that we came from a ‘developed country’ where thinkers are raised, I paused to reflect on what he had said. He was correct – as Australian medical students, we are taught to think and apply rather than memorise information where possible, solve problems creatively, and most importantly, not be afraid to ask questions and answer them too. Keeping this in mind, we need to recognise that as future medical professionals, with such training we have the privilege of being able to advance healthcare further and provide support to our colleagues in areas where available resources and funding may be limited. Access to high quality healthcare, which consists of but is not limited to private consults, sufficient anaesthetic administration, infection control and single surgeries conducted individually should be a basic right that everyone around the world has access to. With the patient-centric education that we have, as future doctors we can work towards this equal distribution of healthcare across the world.

My experience in at the Karapitiya Teaching Hospital exceeded all expectations and after a long year of study and exams, it has reminded me and inspired me to recall why I wanted to be a doctor in the first place and how I can use my studies and career to help those who need it most.