THAILAND REPORT

by Leslie Kingsley, D.O.
Our plane finally lands in Bangkok, a place I’ve been waiting to see for months. My colleague Danielle Cadle and I are participating in an international rotation as our fourth year of medical school nearly concludes, both of us having an interest in eastern medicine and cultures outside our own. We are greeted at the airport by a staff member of Starfish Ventures, and their American nonprofit branch, Dream Project Foundation. The foundation works with communities across Thailand, finding areas in particular need, creating projects and plans to offer assistance, and then brings visiting volunteers to these locations to complete the projects. The staff member picking us up happens to be my brother, Aj Kingsley, and it is because of his passion for this foundation that I was pulled to Thailand in particular for this rotation. Aj drives us through the hectic streets of Bangkok, introducing us to the city and explaining proper Thai etiquette. We will leave the next morning, traveling to Surin, the capitol of an eastern province where we will be staying for the month. The local staff member there, Nam, picks us up at the train station, and gets us settled in our local housing. During our stay, she will pick us up each morning and drive us south to Prasat Hospital, she will be our guide and translator, helping us to learn and assist in the hospital in whatever way we can.

Our housing in Surin is great, a large house with a few other volunteers; one is from France, helping to teach in local schools, another is from Chicago, working with the elephant project in Surin, and another is from the UK, a nursing student working in a clinic. Nam gives us an orientation to the neighborhood; supermarkets, restaurants, a local park and leaving us her contact information, if we should ever need anything. We are left to our own for dinner, which we get at a food stand down the street. We must practice our Thai with the very polite and patient native, who smiles at our blunders and seems to appreciate our attempt at this new, very tonal language.

Our first day in the hospital is amazing. We are given a tour of the facility, which has halls with no walls, open to the outside air. There are 1-2 doors separating a patient’s room or the operating room from the outside air. There is an eye clinic, Ob/Gyn clinic, pediatric clinic, and many others within the hospital. The emergency room is a small area with a few beds, and is air conditioned, which immediately makes it our favorite place. We also walk through the labor and delivery ward, which is two rooms, one for labor and the other for delivery. The women labor down on beds side by side to one another, without coaching or family at the bedside. When they are fully dilated, they get up and go across the hall to the other room, where they climb up onto a bed to deliver. There are no epidurals offered unless the patient is receiving a c-section. We also see the three operating rooms, all of which are in constant use. All the staff we meet are excited to see us, many try to greet us in English. Many have questions about medicine in the US, as well as how our medical training system is set up. They seem just as curious about us as we are about them. We are given a framework schedule, each day being a bit different; a mix of labor and delivery, emergency room, outpatient clinics, house visits, and even an acupuncture clinic.

After our orientation, we go to the ER, there is a line of patients waiting already and they could use the help. Motor vehicle accidents are very common here, and there are many lacerations to repair. There is a limited variety of dressings,
whether it is a burn or a laceration, the wound is cleaned with saline and iodine, and covered in dry gauze. The simplicity of this allows for quick turnover in the emergency room, but also causes chronic wounds that need to be redressed multiple times a week. Danielle and I are comfortable with suturing, so the attending lets us repair a sternal wound on a young boy and a head laceration on a woman. A male patient comes in with shortness of breath, has an X-ray the doctor invites us to review with her. The patient has old tuberculosis scars - like the majority of the population here – and it makes reading his chest x-ray that much more difficult. There is a pleural effusion that will need to be drained, and the attending walks Danielle through the procedure as I observe. As she is finishing, the patient on the next bed over, a gentlemen with fever and trouble breathing, will need to be intubated. Although the attending offers to let me do it, Nam informs me there will be no sedation given to the patient as they do not have the resources to routinely perform this. I explain my limited experience in intubating a conscious patient, and the attending explains her methods for intubating the patient and I observe.

We then assist in a couple house calls with an outpatient physician and her nurse. We visit a patient recovering from a stroke and another recovering from a motor vehicle accident. We take vitals, go over medications, and talk about stretches and strengthening exercises for each of them to continue. The patients are not suspicious of us at all, graciously welcoming us into their homes. We are a large and I would imagine intimidating group, including two white foreigners. However, there is no hesitation or skeptical looks, it is a trust we are not used to being bestowed with so quickly, and it is a gift we readily return, bowing and greeting them in our broken Thai.

When we arrive back at the hospital, we are able to spend a couple hours in the acupuncture clinic. The doctor speaks English quite well, and is able to explain her methods to us as we treat patients: a boy with cerebral palsy, an elderly man with Parkinson’s, a woman with rheumatory arthritis, and a middle aged man with ankylosing spondylitis. As we are finishing in the clinic, Nam receives a call that there are three patients in labor and they could use some assistance. The first delivery is very fast and although baby is healthy and happy, mom needs a laceration repair. Danielle and I have had little experience and we inform our attending. She lets us observe for a few moments, using Nam to help translate as she explains how she is structuring the repair. She invites Danielle to try and walks her through each stitch. Before they finish, it seems the other woman will need an immediate C-section. I follow down the hall as she is wheeled to the operating room. As they prepare the patient, I speak with the OB physician, who speaks adequate English and is anxious to know about obstetrics in the US. She is the only OB at this hospital, performing 150-200 deliveries and 50 c-sections a month. She laughs when I ask what she does if she ever gets sick. I help the nurse receive the baby and once she is cleaned and bundled, I am told to take her down to the nursery. On my way out the door, I am stopped so a piece of tape can be stuck to the blanket...the baby’s nametag. I walk outside as the nursery is a few halls down, the evening breeze blows through the halls, across the face of the newborn infant.
Our month is full of new experiences. Every day is different, with flexibility in our schedule to move around the hospital to help wherever there is need. Throughout the month, we sutured a variety of lacerations, preformed vaginal deliveries, repaired vaginal lacerations, and assisted with C-sections. We preformed paracentesis, thoracentesis, intubations, acupuncture, and multiple physical and obstetric exams. We saw many compound fractures, chronic wounds, and cardiopulmonary diseases. Despite the language difference, there was a good amount of communication between us and all our attending physicians. They were open to us, and always asked about our experience level and confidence before performing procedures. If we were inexperienced, they would let us observe and then invite us to try, teaching us as we went along. It was the best dynamic a medical student could hope for.

In the outpatient clinics, we saw a large amount of patients with gout, liver disease, hypertension and history of tuberculosis. We did multiple house calls, seeing the life of many Thais, more personally and intimately than any patients in the US. Each time, we were welcomed without question and without hesitation. There is much we can learn from a culture apart from our own; the trust and respect the Thai people give to one another and to visitors is one to be emulated. Their traffic jams are not full of horns blaring and obscenities being yelled between drivers, there is an acknowledgement that life is in itself, full of difficulties and inconveniences. There is no search to blame others for your misfortunes, but a quite acceptance that life includes struggle and that all humans share this burden. And above all, these people are truly happy, with what little they have, happier than so many Americans that have more than enough.

Outside of the hospital, we took part in a ceremony at a Buddhist temple, shopped and dined at many local sites, and spent many a night at a park down the street, walking along the path with a plethora of Thai people. Nam helped us to organize a few getaways on our weekends off from work, including a trip across the border to Cambodia, a trip to see Khao Yai National Park full of native wildlife, and even a hike in the jungle followed by a ride on elephants.

It was an extraordinary month and I would recommend it to any and every medical student. The Thai people are a welcoming and a respectful culture, they are as eager to learn about you and your culture as they are to teach you about their own. To study medicine and witness life in another area of the world only strengthens your skills as a physician and your perspective as a human being. I would recommend everyone to take that extra step and experience the world; I promise you won’t regret it.