The Art of Medicine

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The month I spent at the Lady Ridgeway Hospital, Colombo in the summer of 2007, will have an amazing bearing on how I practice medicine. In Oxford, we are fortunate enough to spend our clinical paediatric placement abroad. Why Sri Lanka? A question that I faced in the UK and upon arrival, from medical students who couldn't fathom the rationale of leaving a healthcare system that had such wonderful facilities and could teach me so much. I beg to differ. I may not have seen the conditions that I will be confronted with in my day to day practice in the UK at the same frequency as my peers, but I have acquired a way of thinking that crosses geographical boundaries and is independent of any language or dialect

Getting to the hospital was an indication of how very different life is in Sri Lanka, and how challenging things would become for two 5th year medical students accustomed to a serene uphill early morning cycle to the comfortable environs of the paediatric department in Oxford.

Undoubtedly suffering from jetlag, we completed the relevant administration and were shepherded to the introductory session. This included such things as 'breaking bad news' and for a moment it felt like we'd been transported back to Oxford – except that the instructions for the attachment were given out via over head projector. Everything seemed much more regimented than the UK – students were expected to do the ultimate in social history and visit their patients at home. Ice-breaking Sri Lankan style was a microphone handed around – its wire lashing behind it as it went, attempting to garrotte anyone who got in its way - and students had to give their name, A-level results, (including island rank) and a synopsis of their life so far. We were not spared.

The students had responsibilities on the wards and were very much expected to play an active role in patient care. The fear of being posted to a far flung medical facility and coping essentially alone upon qualification was motivation enough. I noted that the students use the same text book as we do in the UK for paediatrics, but they seem to have a far superior knowledge. History and examination are paramount in Sri Lanka (as indeed they should be in the UK). The emphasis is on clinical signs - which may never have the luxury of being substantiated by the simplest of tests. For example, urine dipsticks that we so take for granted, if at all available may be cut in two, to last twice as long. We in the UK rely far too much on a battery of tests that simply are not available everywhere in the world. The House Officer could be seen carrying out Erythrocyte Sedimentation Rate tests literally at the bedside. In the UK, a pathology course teaches us about these tests. I question how many of us could actually conduct them, even at a theoretical level. Why would we? We send them to the lab. Right?

The Sri Lankan consultants that we encountered were very nostalgic about their time in the UK. They were without exception brilliant clinicians. It was however not the time spent in a much more affluent healthcare system that was responsible for this, but the training that they had received as medical students. These doctors and their innate clinical ability are an asset to any healthcare system and it is perhaps their UK counterparts that should be nostalgic about what they learned from their Sri Lankan colleagues.

In comparison with the UK, the hospital in Colombo is very much from the 1950s, with the nurses in their starched uniforms and patient information on typewriter-etched pieces of paper. The language of medicine is English. Discussing patients in a language that is alien to them could perhaps be regarded as the paternalistic practice of medicine that we in the UK are encouraged to move away from.

Why Sri Lanka? British medical students frequently undertake seemingly misguided voyages to 'help out' in far flung places to see medical care systems that are on paper and in their eyes far inferior to their own. I admit that did see a plethora of conditions, some of which were so rare that they may not make it into a standard medical textbook. The objective was not however to stand and stare at these people. My four weeks in Sri Lanka were a humbling experience, for the first time I had to rely on the most basic, yet most vital tools at a doctor's disposal, the history that can be gleaned and the physical signs elicited. Coming from a healthcare system that seemingly knows no bounds, it is vitally important to take a step back and witness the art of medicine.