

Reflection Report for Elective training program in LAMB Hospital, Bangladesh
Leung Yin Fong (HKU M19)

Getting a month attaching LAMB Hospital in Bangladesh is definitely a fruitful and unforgettable experience. Sitting in one of the poorest villages in Bangladesh, LAMB hospital is a great place to provide holistic medical care to the population, with simple basic equipment and proper guidance, supported by many researches and community projects. The hospital is working on the vision of "seeing people living as God intended in spiritually, physically, socio-economically and emotionally healthy communities". It is vibrant, filled with hope, and passionate workers who collaboratively build a structured medical system here.

Throughout the elective training, I have attached to the labor ward and gynecology wards. The labor ward was busy, with at least 3 deliveries a day. The seniors were very helpful and willing to teach. I had the chance to observe and assist normal vaginal delivery. I was able to follow the patient from her admission, progress from leaking, contraction, cervical dilatation, and finally uneventful delivery with placenta out. The moment when I hold the newborn, who was freshly wrapped with blood and fluid, just started his first cry and then I put him into his mother's arm for immediate skin to skin contact. I could see the mother exhausted, but she still managed to squeeze a huge smile with tear. It was always a touching moment. Although we did not speak the same language, we shared the same joy-- the joy of new life came. Thinking about the baby is going to experience a lot of exciting and challenging adventures in this world, I held the mother's hand tightly and congratulated her in Bengla. I will remember this joyful moment that I helped and shared the same joy with the mother. This satisfaction and sense of responsibility are exactly what make me to be determined to be a doctor. Also, there are sundry of common obstetrics cases which are of good educational values, ranging from instrumental delivery (vacuum) and management of high-risk pregnancy, e.g. pre-eclampsia, gestational diabetes mellitus, twins pregnancy (twins in breech position and arranged C-section), placenta previa, cervical incompetence managed by pessary ring/cerclage, shoulder dystocia, etc. To avoid sudden complications from vaginal delivery and maximize salary, most Bangladesh doctors opt for C-section as their first priority for many pregnant women. However, the hospital here tries to encourage good practice--have necessary operations only when indicated. Sometimes the patients and their families had misunderstanding, seemed not to understand the indication for surgery. I could see the doctors were very patient to explain it in details. The doctor-patient relationship here has demonstrated a great example for importance of good communication.

Besides, I observed and assisted in their common gynecology operations (fistula repair, transvaginal hysterectomy, pelvic floor repair). In Bangladesh, it is not surprised that women status has been devalued over a long period of time. In the country, women are born to raise children and serve their family, after one delivery, they prepare for another, over and over again, until they die. It seems like this is the sole reason for them to live. Unluckily, after multiple deliveries, some of them suffered from fistula and severe prolapse when they get old. There was a case of mid-age woman with vesicorectal fistula who thought that stop eating could cure the problem. Hence, she developed anorexia and health condition drastically deteriorated over the years. By the time the doctor examined on her, she was extremely underweight, in which the condition would be altered differently with a simple repair surgery. From the case, we has deeper understanding about the importance of public health education. There are always misconception about health since people are not well educated. In hospitals of developing countries, because of different groups of patients with limited education, there

are different tailor-made management plans for patients. Weighing risks and benefits of every intervention, it reminds me of the first principle of medical care -- "do no harm" to patients. This also prompts me to think about what decide the best treatment for patients and what is a better decision. In reality, we have to consider patient factors (education level), social factor (finance, limited resources) and doctor factors (with equipped skilled).

Although the hospital is sitting at the poorest area in Bangladesh, the hospital is good at providing antenatal care to the patients, e.g. blood group and type, dating. Patients are able to visit the hospital anytime if complain of PV bleeding, less fetal movement, abdominal pain, leaking, etc. Then medical assistants help to take history and have thorough physical examination (PV/ speculum examination). Base on patients' complaints, it provides a great opportunity to observe and learn how to operate ultrasound. Due to limited resource, there is only one old-fashioned ultrasound machine, but they are happy to have technical support from different sources. For pregnant women, I was able to practice trans-abdominal ultrasound. I helped to measure crown-rump length, biparietal diameter, head circumference, abdominal circumference, femur length, AFI. Knowing that ultrasound application is operator dependent, I find it helpful to have the chance to practice more under seniors' guidance.

The doctors are all very nice, willing to teach and guide us. The attachment is very educational, allows us to know the practice in the local area. One of the drawback would be communication, people there speak Bengla, not many of them are able to communicate in English. During the time to attach out-patient clinic or counselling session (contraceptive counselling, explain benefit and risk of procedures, etc), I had to rely on local doctors to explain the content. But I was happy to learn simple Bengla after staying in wards for long time. I think the elective training here provides us a different view of holistic medical care given the limited environmental constraints. As a medical student, it is precious to observe many cases and practice the examination skills here. The team of Obstetric and Gynecology Department are well trained. It would be great if the student is interested in O&G to attach, certainly you get a lot of experiences here! Apart from it, we lived in the guesthouse inside the hospital which is a nice place. There are also times when we met and chatted with a lot of people around the world, who came here for research, community projects or just short visits. That also helps us to understand a new perspective of medical care in different countries. If you are looking for the new challenges and learning experience, LAMB Hospital is definitely a good choice, given that it has many support from the community.