

**INTERNATIONAL ELECTIVE EXPERIENCE:**  
**THAILAND**

In January and February 2004, I had the unique opportunity of performing a 6-week elective with the Department of Pediatrics at Khon Kaen University/Srinagarind Hospital in Northeastern Thailand. As the only tertiary care facility in Northeastern (I-san) Thailand, Srinagarind Hospital is a progressive hospital providing medical services to patients of all ages, training native medical and public health personnel, and functions as a key medical research center. It is also exceptional in that it has a comprehensive medical program dedicated to the treatment and care of the pediatric hematology-oncology population.

As an adjunct to my pediatric residency education, I was offered the opportunity to explore Thai inpatient practices in a variety of departments (e.g. NICU, Hemato-Oncology, Infectious Diseases, and General Pediatrics). I participated in numerous outpatient primary and specialty care afternoon clinics, as well as contributed in several resident conferences. As part of my clinical experiences, I was amazed at the diversity of pediatric disease pathology. There were significant opportunities to learn new techniques in diagnosis and treatment, with an emphasis on cost-effective, evidence-based patient management. Learning opportunities included the most common of pediatric ailments: pneumonia, rash, failure to thrive/nutrition issues, as well as relative differences in preventative/well child care practices (e.g. immunizations). Complex disease management with limited diagnostic modalities and treatment options often required creative strategies: brain abscesses presenting as mental status changes, systemic lupus erythematosus (SLE) nephritis requiring peritoneal dialysis, various solid tumors and leukemias, as well as infants born with extreme prematurity and associated co-morbidities. I was also allowed the chance to appreciate disease epidemiology, not the least of which included: filariasis, Avian flu, cystic hygromas, endemic parasitic disease, and thalassemia. I was most impressed by the many opportunities to visualize disease along a spectrum of progression (i.e. initial diagnosis through relapsing complications to final end-stage palliative care). The resident physicians and medical students were invaluable in demonstrating new techniques of phlebotomy, ventilator management, infusion drip manipulation, slide preparation/pathology diagnosis (e.g. DIC and relapsed leukemia), as well as autopsy.

The resourcefulness and creativity in developing new management strategies in the setting of limited resources was a true testament to the knowledge and experience of my elective mentors, and an inspiration as a future physician. However, my educational experiences were not solely limited to the hospital and medical facilities. The faculty, staff, resident physicians, and medical students within the Department of Pediatrics and the International Student Affairs Office patiently made my first foray into the cuisine, language, and culture of I-san Thailand a memorable and thoroughly enjoyable experience.

In addition to my clinical elective experiences, I also performed a mini-project investigating the availability of supportive care measures to pediatric hematology-oncology patients with limited resources. I was particularly interested in investigating alternative therapy options, psychosocial support systems, and areas of cultural-induced modifications of therapy. My project involved administering a written questionnaire to current pediatric hematology-oncology physician practitioners at Srinagarind Hospital, and compiling the responses to determine their pharmacologic options, availability of specific resources or services, possible alternative therapies, and potential barriers to obtaining therapeutic interventions.

Based on a compilation of completed study questionnaires, several key barriers to providing various modalities of supportive care in the pediatric hematology-oncology patients were identified:

- ❑ Many western allopathic medications routinely employed as standard of care in the United States are extremely expensive or unavailable in Thailand.
- ❑ Many of the physician practitioners were unaware of effective alternative pharmacologic options available in the treatment of pediatric hematologic-oncologic patients.
- ❑ Many of the physician respondents admitted to being uncomfortable in utilizing alternative medications, secondary to an inadequate understanding of side effect profiles.
- ❑ Many of the physician practitioners are interested and aware of non-pharmacologic options in pain management, behavioral therapy, and psychosocial care that may benefit their patients. However, they felt that they were unable to routinely exercise these options secondary to limitations in time, personnel shortages, and poor training in administering these techniques.
- ❑ Administration of non-pharmacologic supportive care options were often deferred to the discretion of the nursing staff, who themselves were also limited in time, staff, and inadequately trained in effectively providing these services.