Heart Failure in Vietnam
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BACKGROUND: Students are increasingly participating in international health experiences during their medical training. This essay explores one student’s perspective on the importance of relationship development with both patients and health care systems in global settings. The essay also reflects on the unique learning experiences available in resource-limited areas.

We arrived on motorcycles just after 8 am with bulging bags of stethoscopes, blood pressure cuffs, glucometers, and meds. Early as it was, the cool breeze during our ride was immediately replaced by stifling humidity in 90-degree weather. Word had spread that the “American doctors” would be in town, and there were more than 40 people waiting outside the clinic already. The health commune consisted of one large room with a waiting bench against the sidewall and a long table along the center of the room that served as the clinic table. As soon as we unlocked the doors, people surged into the room. Within seconds, seven people were crammed onto the bench while the others stood about waiting. The government had mandated that there would only be electricity on alternate days and, since it was one of the days without electricity, we didn’t even have a working fan. I helped unpack our supplies onto the table and readied for our first day of clinic.

I was in rural Central Vietnam during the summer after my third year of medical school. Brian, a family doctor who traveled to Vietnam several times each year, was taking another student, Ben, and me.

We were here working with a local, established organization to screen and treat hypertension and diabetes and were accompanied by two local female staff translators, An and Quynh. The organization focuses on developing low-cost, socially appropriate treatment protocols that could be used in local health communes, which are often minimally staffed. Recent increases in chronic, noncommunicable diseases in the country frequently exceed parallel increases in resources and health professional training. Our current visit was to one of 32 health communes where, in addition to screening patients, we were engaging with local physicians to share chronic disease management protocols.

After setting up in the commune, we divided into two teams; I was to work with An. She took blood pressures while I tested the blood sugars of high-risk patients. As we worked with one patient, other patients surged behind him or her, trying to listen to what we were saying in an attempt to learn more from the American team. About four patients in, a patient who was younger than the rest sat down at the clinic table. While An placed and pumped up the blood pressure cuff, he started talking about the occasional chest pain he had. “Shhh,” said An. When she finished, she showed me the reading: 146/92. Before talking with him more about his pain, I indicated that I wanted to listen to his heart. A IV/VI diastolic murmur. When we questioned him further, he said that he had felt his heart beating strongly sometimes. We gave him some aspirin, instructing him to take it every day. Fortunately, the local hospital had an EKG machine, and we sent him there to get it done to rule out an operable valvular disease, since a nearby town was expecting a heart surgeon for a week in the fall.

The next day, he returned carrying with him a large cardboard box. When we asked him for his EKG reading, he pointed to the box. That was what they had given him in the hospital when he had told them his symptoms, his story, and our impressions. Other patients, interested in this development, moved closer to the table as An and I unsealed and opened the box. There were a dozen clear glass vials filled with greenish-yellow liquid. Looking closer, I realized each vial was labeled in English: “Prenatal Vitamins. Rich in folate.”

“Brian, come and take a look at this,” I called.

There was a slight parting of the other patients to make way for Brian as he came over. “What happened?” he asked in Vietnamese.

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long stream of Vietnamese followed from the patient. He sounded quite upset and fed up. Apparently, the doctors at the hospital had not done the EKG because they did not think it was indicated.

Brian sighed. “An, can you write a detailed note to the hospital explaining why we need the EKG?” That was all we could do. While the organization was working on building relationships with local doctors, these relationships were still lacking in certain regions. And without an established relationship, we could not explain to them the necessity of this test.

Later in the day after clinic, I reflected on the actions of the Vietnamese doctors, trying to imagine myself in their place. Had they felt overworked and underpaid? Had they been taught to listen to and manage heart murmurs? With limited government financing and incentives, few doctors choose to practice in rural areas; as a result, rural hospitals often lack sufficient resources and staff. Further, few Vietnamese doctors are confident in chronic disease management, since many trained with an infectious disease model. Through his work in Vietnam, Brian had started to form a working relationship with the Health Ministry, developing national chronic disease screening guidelines and teaching these guidelines to local doctors at pilot sites. However, the development of relationships with local doctors was still in progress.

Medical students are faced with unique challenges in international health settings. Since few students have the opportunity to foster a long-term relationship with a community within a developing country, it is common to arrive with preconceptions and goals that are not reflective of the local community. To be effective healers, we need to develop mutual trust and respect not only with our patients but also with colleagues, local health care workers, and the larger societal health care institution. As students, we must approach new international health experiences open to local culture and practices and be willing to develop long-term relationships with those we meet. We must also imagine the communities where we work without our presence: do we leave behind medicines that will run out or broader awareness and education? Otherwise, our patients will end up like mine—vials of prenatal vitamins for heart failure.

ACKNOWLEDGEMENTS: I thank Brian Penti, MD, of Boston University School of Medicine, and of the Hoi An Foundation, Hoi An, Vietnam, for his contributions to the critical revision of the manuscript.

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References