Blog of the Month

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I spent six weeks at Mae Tao clinic (MTC) in Mae sot, a North-western town near the Thai-Burmese border in Thailand during my elective. Patients who visited the MTC were Burmese migrants who lived near Thai-Burmese Border or Burmese refugees who were displaced to Thailand because of civil war. I was placed in the medical in-patient departments where I looked after patients with various medical conditions and palliative care needs. I had the privilege to walk with a lot of patients along their end of life's journey during my past experience working as an oncology nurse and medical student in the UK. It was such an inspiring experience to see how palliative care differed in the UK and Myanmar.

Demographic of patients

Comparing with the aging population in the UK, the life expectancy in Myanmar is much younger (around sixty years old). Lack of antenatal screening, poor nutrition and sanitation as well as low vaccination uptake were some of the contributing factors of childhood mortality in Myanmar. I was surprised by the number of middle-aged patients with end stage liver failure due to chronic alcohol misuse. Their poor diet and sedentary lifestyles also predisposed them to cardiovascular or cerebrovascular diseases which contributed to premature death. Undiagnosed heart failure was also commonly seen during consultation because congenital heart defects were not picked up earlier in life, or as a complication of rheumatic fever.

Symptom management

Only a small proportion of patients are entitled to Thai health insurance scheme or free health care even though they worked and based in Thailand. Patients were mostly with low socio-economical class and did not have access to health service. I have met a lady in her sixty who presented with chronic abdominal pain, decreased appetite and weight loss with a background of bowel cancer. Since the patient could not afford any curative treatment in Thai or Burmese hospital, she was admitted to the clinic for symptom control. Sadly, given with limited resource in the clinic, only simple analgesia and intravenous fluid could have offered for symptom control. Parental route of analgesia and other symptom management medications were not available. A nasogastric tube could be placed sometimes if oral medications were not tolerated. Besides western medicine, traditional herbal medicine was commonly used among Burmese patients. They might apply the medication as a form of paste for pain relief, or take it as herbal tea to manage symptom such as pain, dizziness, nausea or general unwell.

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Spirituality

A large proportion of patients in the clinic are Buddhist. When talking to them, they may attribute to their conditions or physical suffering to the “sin” that they have committed in the past, or in previous lives. In order to “rectify their sins”, patients or their family members need to “gain mercy” which can be done in various ways: praying, mercy release of animals into their natural habitat, or doing kind act through donation/helping people in need. When someone died, family sometimes invite monks to chant prayer during funerals to free the spirit of the death. Occasionally, a male family member may become monks in Buddhist monetary for a short period of time to gain mercy for the deceased.

Caring for the dying patients

Healthcare is self-funded in Myanmar. To people who cannot afford, it means they often need to travel days to get to the clinics that are run by charity. For people who wish to die at home, they might found themselves too ill or too poor to travel back to their hometown. Equally changeling is that the clinic carried such a good reputation that patients who often travel days to visit the clinic to hope for treatment. It is often tremendously disappointing to find out their conditions are incurable. The lack of resource also meant that care provided in the clinic could be inadequate to meet the complex care needs of the dying patients.

Family members are often the primary carer for the dying patients, usually in a form of personal and nursing care. For patients without any relatives, their personal care might not been cared for. For those who are lucky enough to have their family members by their side, their carers often bear significant physical, psychological and financial stress.

Giving the lack of resource and infrastructure in the healthcare system in Myanmar, palliative medicine and hospice is still a relative new concept to patients, relatives and healthcare workers. Visiting a palliative medicine specific institution in developing countries like Myanmar did not appear to be a feasible option. My experience demonstrated how palliative medicine exists as an integral part of medicine, regardless what speciality you are exposed to, or which part of the world you are going. It was such an eye opener to witness how people in different culture think about terminal conditions, end of life care and death.