Healthcare services during an economic crisis: A medical student’s perspective

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The year 2022 saw Sri Lanka face its worst economic crisis since the advent of independence in 1948. As of April 2022, people took to the streets with major social upheavals. Sri Lanka’s economy transitioned from bad to worse, after battling wave after wave of the COVID-19 pandemic. The prices of essential goods skyrocketed, basic amenities such as electricity, LP gas depleted, and inflation paraded over the country’s currency. However, amidst the country’s struggle with the economy, the health sector became a tragic part of collateral damage. We started our foray into hospital practice as third year medical students in late December 2022. Our appointments or clerkships were at a premier tertiary referral center in the country, National Hospital, Kandy (NHK). We outline our experiences as medical students and share some of our personal reflections on the crisis.

We were in clinical practice for a mere two months, yet we saw a drastic difference on how the economic crisis affected hospital practice. It started with advisories stating that equipment and material should be used conservatively. As time dragged on, even hospitals were subjected to power cuts, albeit fortunately for the patients the generators took up the electricity demand. But even a few seconds of no power are extremely crucial in a surgical theatre.

As we were transferred to the wards of General Medicine, we saw an extremely frightening scenario in which essential tests and drugs were in scarce supply. Patients were compelled to bring their own strips for glucometers via their carers. Patients who did not have carers to procure these supplies were in dire distress. We observed doctors requesting fellow patients to share their strips.

Essential tests such as TSH, T4, T3 and serum ferritin became unavailable due to reagents being out of stock. Even Troponin I tests for investigating myocardial infarctions became unavailable in certain government hospital laboratories. Samples were therefore sent to private labs at much expense to the patient. By February 2022 the GeneXpert cartridges to diagnose tuberculosis were not in stock. The situation became even more worse as the months passed from March to April. It became a national health crisis where experts remarked that the death toll from this potential crisis could...
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exceed the deaths from the COVID-19 pandemic, tsunami and civil war combined [1]. Afterwards, it was reported that essential drugs such as Tenecteplase used to treat myocardial infarcts and strokes, as well as low stocks of anti-venom serum for snakebites were in short supply. In routine suturing of wounds, we observed that we were instructed to perform continuous sutures instead of interrupted sutures which used more suture material.

Reports were heard that most hospitals around the country were in short supply of basic devices such as cannulas, urinary catheters and syringes. The populace was distressed to hear reports of surgeries being postponed due to lack of supplies. Even in tertiary centres, depressing sentences were written on Bed Head Tickets like the following one: “Surgery postponed due to unavailability of anaesthetic drugs”. Even foreign media caught wind of this predicament and continued to portray our plight in front of the whole world [2].

Our fellow colleagues at other medical faculties had similar experiences. A particular melancholy story was of cancer patients struggling to find drugs for their chemotherapy treatment. Professional bodies sent out cries for help for medical supplies [3].

Reflections

It was quite hard being a medical student facing this crisis. This was summarised on a protest placard by a colleague of mine as: “Did we learn for years at an end, to see patients die?”. As third year medical students and most importantly as youths, our professional careers had merely begun. We have decades more to serve our nation as future doctors. Yet, the crucial question is how many medical students will stay in Sri Lanka to practise medicine as doctors. We are recipients of free education and free healthcare, and thus we do have a moral obligation to serve the people who funded our education through indirect and direct taxes. Yet that obligation is hanging by a slim thread, as the people of this nation face hardship day after day, whether it be electricity, fuel or gas. I personally knew colleagues who were late or even absent for their clinical training because they were in fuel queues. Our curriculum is tough and requires hours of studying late into the night. Persistent power cuts did not make this exercise any easier. It was no wonder that many medical students opted for part-time employment such as cryptocurrency mining, freelance work or tuition classes to make ends meet, as the Mahapola instalments (a government grant scheme for students) were interrupted due to the economic crisis [4]. Thus, the poor economy not only affected our hours in the ward, but every aspect of our personal life as well.

The current generation of medical students endured this crisis as we endured the COVID-19 pandemic, numerous strikes and bomb blasts. However, despite this resilience, the confidence and trust we placed in our institutions have taken a direct hit, and our emotional status was deeply affected. As medical students, we are taught from day one to cultivate empathy. Yet, when we return to our hostels or homes at the end of a hospital shift and reflect on our experiences, the empathy backfires on us causing immense distress. We re-lived the sad and worried faces of patients sent back home as there were no drugs. We suffered immense moral injury because we see rationing of limited resources. All these are compounded by our anxieties, the uncertainty of our own training and predicament of the nation. We keep wondering what the future has in store for us.

References


