

# Exchange Program in Chittagong Medical College, Bangladesh.

~Differences and common things  
in terms of gynecology~

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## Introduction

I did my clinical clerkship in Chittagong, which is the second biggest city in Bangladesh about 10 days, from September 8<sup>th</sup> to September 18<sup>th</sup>. On first seven days, I visited Chittagong Medical College, other hospitals including private medical colleges. I saw what kind of medical procedures is done in each hospital, and learned a part of medical system of Bangladesh with other Japanese doctors and my classmate. After that, I studied in gynecology in Chittagong Medical College Hospital for 2 days.

I could see a lot of C-section and normal deliveries there. At the same time I can find a lot of differences and some common points in terms of Gynecology.

In this report, I'd like to write those.

## Different Points

1) The number of C-section and normal deliveries in Chittagong Medical College Hospital (CMC) is quite large. I heard that there are around 20 deliveries in one day-time shift, and around 10 in one night-time shift only by C-section.

On the other hand, in Kobe University Hospital, there are 207 normal deliveries, 102 emergent C-section and 105 selective C-section per year.

2) The time of C-section delivery is really short. All of surgeon's procedures is so dynamic and quick that I really respect it. In every delivery that I saw, it takes only around 30 minutes. On the other hand, it takes almost 1 hour in average. But I

thought the operation scar is not so clean as Japanese one. So I cannot say the faster operation is always better.

- 3) The operator's clothes including masks, aprons and huts are not disposable in C-sections of CMC. There are a lot of C-section deliveries so operators cannot change their clothes in every delivery. They just wipe blood off their aprons. In Japan, operators wear washable clothes at first, and then put on disposable gowns, masks and huts.
- 4) The object of using anesthesia in episiotomy is different. In Japan, it is used to "get rid of" pain, but in Bangladesh "soften" it.
- 5) Men without male medical staffs cannot enter rooms of delivery. I saw a man who came into the room was driven out. Even husbands cannot attend on deliveries, except home deliveries.
- 6) Almost 70-80% delivery is done in home. That's because of the lack of doctors and equipments. Even for patients in hospital, doctors cannot supply the best medication. Those causes doctors' dilemmas.
- 7) There are not so many nurses and midwives, for example I only found 3 nurses one midwives in delivery rooms. So patients' family or maids sometimes help. Or women who called "helper" assist doctors, even give intern doctors some advices. They don't have any medical licence and they know it is not allowed by law. However, there are so many deliveries and there are not enough medical staffs, they are needed there not only in delivery.

### **Common points**

- 1) Though it might be a natural thing, C-section delivery procedures are perfectly same between Japan and Bangladesh.
- 2) Intern doctors are learning by following their senior doctors. That style of practice is quite similar. Senior doctors do first and show the procedures. Then intern doctors do by themselves.
- 3) The system of hospitalization in CMC is similar to Japanese one. Pregnant women take a prenatal check-up at the out patient clinic at first. And then when doctors find any abnormalities, they are hospitalized. However, if they come as emergent patients or patients who is introduced by other institution doctors to hospitalize are saw in a ward directly.

## **What I thought**

I found medical students are really clever and do much more medical procedures than Japan. But Bangladesh's medicine seems to be hard to develop. That's because of lack of equipments, bad and dirty environment, and outflow of doctors.

In terms of equipment, even gynecology ward gets donation from business men in Chittagong, it couldn't supply enough beds. Power failure sometimes happen in Chittagong, so doctors sometimes have to do operation with limited power.

On bad and dirty environment, delivery rooms are not so clean that cockroach sometimes move around. And, it might be the habit, there is not enough trash box, trash had collected outside of the ward and it smells so bad.

The outflows of doctors, I regard as worst cause, is so severe. Public medical students are so clever that they are invited to other countries like England or America, but they won't be back. Some doctors say that's because the environment of not only hospitals but also country itself is not so good, and they wouldn't face the fact they cannot do best medication for patients in Bangladesh. It is part of reason that Bangladesh medical condition is still low such as high maternal mortality rate 340/100000, compared to 4/100000 in Japan and 210/100000 in the world.

I would like to find some solution to get rid of those causes, and some ways to help them. Fortunately there are already some companies, business and attempts which let Japan and Bangladesh connect each other. And also I could make a lot of friends during this placement. I'd like to keep getting information about Bangladesh from them and thinking about what I can do for them.

At last, I really appreciate all people who help me like my teachers, my classmate, my friends, my parents and my Bangladesh host family who took care of me as a member of their family.