Before beginning to understand the mentality of Vietnamese patients, one must recognize the economic hardship in Vietnam. The majority of people in Vietnam still worry about having three meals a day. In matters of health, patients generally wish simply to recover quickly in order to return to work and be able to provide for themselves and their families. The country’s economic woes impose significant financial hardships to both hospitals and patients. For example, one or two months of work may earn just enough money for a patient’s transportation from his or her hometown to the city for a visit or treatment. Hospitals try to waive payment for patients who can not afford treatment. In the month prior to my visit, for example, the Gestational Trophoblastic Disease (GTD) department at Tu Du Hospital gave $20 million dong, equivalent to $2,000 U.S. dollars, to poor patients. Considering that the average salary per month for doctors is only about $100 U.S. dollars, this is quite a large sum of money.

The chief midwife at Tu Du Hospital, My Dieu thi Le, who has worked in the GTD department for 37 years summed up the situation. “Vietnamese patients are very poor, and they have barely enough to eat. They think simply: they think of three meals a day and enough money to take care of their costly medication. They don’t dare expect much more,” she said. “Chemotherapy treatments are very costly both for the hospital and the patients.”

The monetary issue has challenged the hospital. The hospital does not have enough money to buy expensive anti-neoplastic drugs for all patients, so patients are encouraged to help out. Unfortunately, most of the patients do not have the means to supplement the cost. “The insufficient fund is one dilemma facing the Vietnamese health care system as a whole,” Ms. Le concluded.

Doctors’ Salaries

Dr. Minh Hoai Vo, a general surgeon at Binh Dan Hospital, explained his financial situation while we were having lunch at a local street vendor. “Do you know how much they are paying me?” he asked. “A hundred dollars?” I guessed. “$28 U.S. dollars per month,” he corrected me. After lunch we walked back to the hospital. It was 12:30 in the afternoon. “People are resting at this hour,” he said. He took me to a small room full of beds. Many doctors were inside, some smoking, others conversing or watching TV while a ceiling fan twirled above their heads. Turning my head, I noticed physicians sleeping in their white uniforms. They looked exhausted.

Physicians’ wages are depressingly low for the demanding workload, and it is understandable that many become discouraged. After long hours of work, they are rewarded with meager salaries from the government, averaging only $100 per month. Many engineers, on the other hand, have monthly salaries of $250. Although the cost of living is also low, the physician’s salary is often not enough to meet living expenses. In theory, doctors work for the government from 8 a.m. to 4 p.m. on weekdays. However, after they have met their five-year minimum service requirement in the public hospitals, many are compelled to open up private practices to earn supplemental income. One of the pressing challenges in Vietnamese healthcare is the need to provide physicians with compensation more commensurate with their efforts.
Patient Testimony

Ms. Duyen thi Nguyen is a 35-year-old woman with choriocarcinoma who was a patient in the Gestational Trophoblastic Disease (GTD) Department at Tu Du Hospital where she was receiving chemotherapy:

I don’t know if my health will improve. I just listen to whatever the doctor tells me. The doctor has loved me and taken care of me so much already that I don’t dare ask for more. Dr. Vuong, the associate director of the department, is my doctor. I believe in him. He doesn’t explain much about my illness, but he reassures me, “Don’t think too much, don’t worry too much, because with this illness that would just weaken your health.” Dr. Vuong told me to eat well, but I don’t have money to buy meat. I eat rice with beef or chicken broth before each hit for strength. Otherwise, I eat hospital food. Occasionally, my husband would come to visit me, and he would give me some money to buy fruit. That is so much already, I can’t ask for more ….

Lying in the hospital day after day for almost a year, I don’t dare ask for anything more than getting well soon. Money is nowhere to be found if I keep staying here. I don’t work and can’t take care of my kids. I wonder how they are doing. Being here alone, I cry. I long for the day that I will get better so I can go home and work to help my husband put my kids through school. Occasionally, my husband would come to visit me, and he would give me some money to buy fruit. That is so much already, I can’t ask for more ….

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Physician Training and Patient Education

In order to make significant improvements in the Vietnamese healthcare system, two issues the government must address are the education of the people and training programs for physicians. Especially in the rural population, the level of education is extremely low. People often lack understanding of even basic hygiene practices.

Training for physicians is improving. Doctors are now being trained along two main lines: specialists and general practitioners. The Vietnamese health care system is moving toward primary care, not unlike the trend in the United States. Traditionally, Vietnam produced more specialists, and most doctors were unwilling to work in the more remote areas of the country where help was desperately needed. Dr. Hoa Trung Phan, associate director of the GTD Department at Tu Du Hospital, described some of the current changes. “We are teaching our students more public health, like you are doing in the United States. We hope to turn out more primary care physicians who are willing to go to rural health ‘referral level’ bases. Now medical students are sent to ‘referral level’ early in their training with the hope that they will stay and provide health care to those cohorts in the future. Then patients will not have to travel such long distances to the city for treatment, and city hospitals will be less crowded.”

As part of this new trend in training, teams of doctors from Ho Chi Minh City are sent to rural areas to teach the local health providers preventive medicine. This program is very active, with doctors from the city being sent every month. But the effectiveness has yet to be determined. Medical professionals also hope that the Internet will facilitate information transfer between the city and rural areas. Meanwhile, however, the system still needs improved communication through mail and telephone.

Improving literacy also remains a challenge. The literacy rates are higher in cities because people tend to be wealthier, and can afford to put their children through school. Parents also place more value on formal education. Rural families, on the other hand, often lack the financial resources needed to encourage their children to strive in school. The children often need to work and help provide for their families. The lack of education obviously hinders effective treatment since patients cannot understand health care decisions and therefore cannot actively participate in their treatment regimens.

Patient Compliance

According to Dr. Thu Van thi Ly, an internist at Nguyen Trai Hospital, “The patients generally follow doctors’ orders, at least while they are in the hospital.” Non-compliant patients are often those who have chronic illnesses with few symptoms, such as diabetes and hypertension. Underprivileged patients are more likely to seek cheaper alternatives to deal with their symptoms. The lack of compliance is a definite obstacle to effective treatment. Dr. Ly explained, “Patients tend to place more trust in
the advice of their neighbors and family members. Sometimes they take their friends’ prescriptions to the local pharmacy and buy drugs to treat their symptoms, especially if they feel that their symptoms have not resolved while staying at the hospital.”

Nurse Loan thi Tran at Nguyen Trai Hospital added, “In short, the compliance issue is related to patients’ comprehension of their illness, their low insurance coverage, and the high cost of medication. The less informed patients have more of a tendency to listen to rumors; unfortunately, this accounts for the majority of the patients.”

Ms. Hoa thi Vo, a 60-year-old woman at Binh Dan Hospital, was one such person who trusted her neighbor’s advice over her doctor’s. A month earlier, she had come to Binh Dan Hospital with her entire right side paralyzed. She had a ten-year history of hypertension, and had been visiting Dr. Phuoc Van Dang, a general physician near her house, for the last year. She described the medication she had been taking as “a red, very small pill to stop my heart from squeezing.” She admitted that she had stopped taking the medication prior to having this stroke because her neighbor had claimed that it would decrease her memory. She explained, “I kept taking the medication, but my blood pressure remained at 170 and would not decrease. So I stopped taking that pill for a couple days and drank lemon juice.” She conceded that she was frightened after the stroke and was willing to comply with medication orders.

Nurse Tran believes that the lack of compliance also reflects a failure to on the part of the physicians to communicate the severity of the illness. In the GTD Department, physicians generally do not provide adequate explanation to their patients because they believe that the patients will not be capable of understanding their explanations. At the same time, patients are often afraid to ask questions. Consequently, most patients remain not only confused about their disease but also frustrated about their treatment plan.

Many people also do not trust physicians because they fear that some may be inadequately trained, especially communist party members who have taken an easier route to prestigious posts with a weak medical knowledge base. Patients recognize this, but cannot themselves distinguish which physicians are more skilled. So for the most part, they oblige, but it is often with apprehension.

Medication

Prescription drugs commonly used in Western medicine are often too costly. Thus, alternative medicines are favored for their lower cost and ease of access. For example, Mr. Thanh Hiep Ly, a patient in Nguyen Trai Hospital, had used alternative medicine prior to his admission to the hospital. Mr. Ly lives in Cho Lon, home to many Chinese-Vietnamese, where Eastern medication is more accessible. A clerk had sold him some dried leaves and bark and asked him to drink the cooked extract several times a day. For six to seven months, he used different herbal remedies, but they all disappointed him. Simultaneously, he sought help from the local pharmacy. In Vietnam, pharmacists often concoct medicines to treat the symptoms without investigating the etiology. This method, however, is quicker and cheaper than going to the doctor or hospital, so it is quite attractive among Vietnamese patients. After trying many alternative treatments unsuccessfully, Mr. Ly finally came to the hospital to try Western medicine. He states that Western medicine relieves his symptoms faster, and was rather pleased with his treatment at Nguyen Trai Hospital.

Aside from the cost of drugs, there are additional barriers for the poor and less privileged. Dr. Hiep Qui Pham gave an example of the difference in care between different classes of patients. “The non-paying patients are given toothbrushes of inferior quality. The paying patients use a better brand, such as Oral-B.” But he was quick to add, “Everyone has a toothbrush, and that should do the job.” He also stressed that his department provides an equal level of care to all of its patients. “There are no magic drugs,” he explained, “that the hospital selectively sets aside just for the rich or the cadres and their families.”

However, underprivileged patients are often angered by the perceived inequality of care. Ms. My Tien Pham, a patient with choriocarcinoma in the GTD department at Tu Du hospital, was among the more outspoken. She felt that although she had paid for health insurance, she did not receive the care she deserved. In her opinion, she was not asking the hospital for free treatment. She said, “I simply don’t have money to pay, but I will work to pay back whatever I owe.”

In addition, she revealed that people could get their injections earlier by giving the nurses money. “People have advised me about the ‘envelope’, but I don’t believe in that,” she told me. She thought that she might be at a disadvantage because she did not follow this underground rule. “Other ladies had more drugs than I do. I don’t know why, but I just notice these things.” She was referring to the lower volume of her injection as compared to other patients in the same room. In her mind it was simply a matter of money; whether this was true or not was unclear to me. But it was obvious that it had never occurred to her that individual treatment regimens might involve different dosages of the medications.

In the cardiology clinic at An Binh Hospital, I asked an internist, Dr. Thuy Truc Cam La, about the issue of bribery. She told me, frankly, that it does happen. “I don’t accept money while I am working in the hospital, but I can’t speak for other people. If I accept patients’ money, then I am expected to deliver better care and help them get well sooner. I can’t guarantee that! I don’t set aside magical drugs just for these patients. However, if they do happen to get better and would like to give me something outside the hospital as a token of gratitude, then I will accept it.”

Patients’ Concerns

The economic hardship is evident at every level of Vietnamese healthcare system, and the quality of care has
suffered tremendously. There is a shortage of physicians and nurses. In the GTD Department at Tu Du, doctors round only once every three days, and there are two nurses for twenty-eight patients. I had the privilege of attending a weekly meeting at the GTD Department, a forum for communication between the patients and staff. The midwives and patients gathered for the weekly meeting. Interestingly, I noticed that there were no physicians in attendance. As the meeting proceeded, the patients voiced their concerns.

They wondered why they needed to stay in the hospital for such a long time for treatment; they did not understand the chemotherapy regimens. Because they had not received satisfactory explanation about their disease or its treatment, they would try to devise strategies for returning home earlier. The amount of human chorionic gondotropin (HCG) in the urine is an indicator of the extent of gestational trophoblastic disease. Decreasing levels suggest a cure. As a result, patients occasionally tried to drink large amounts of water in order to dilute their urine and reduce their urine HCG levels in order to go home.

Patients were also concerned about the sanitation in the hospital. They felt that the bathroom was dirty and they expressed a desire to have their drapes changed three times per week instead of twice per week. They feared that inadequate sanitation would be an obstacle to their recovery.

The overwhelming concern was the issue of money. Treatment regimen cost 300,000 dong ($30) per week and was well out of reach for all the patients. They were all in tears. Most had had to borrow money at a very high interest rate. Many of them already owed in excess of two hundred million dong. They feared that they did not have money to keep their children in school. They were afraid that without the ability to pay, they would be transferred to Ung Buu Hospital, popularly thought to have a much higher mortality rate and to be less equipped than Tu Du Hospital. Ung Buu Hospital specializes in treating patients with metastatic cancer, and the patients in the GTD Department probably did not understand that the poor outcome of transfers was likely related to the poorer prognosis of patients with metastatic cancer, and not the quality of care at Ung Buu Hospital.

Role of the Family

The family plays an important role in caring for hospitalized family members. When a patient arrives, a close relative often accompanies him or her. The patient may come alone for a routine check-up, but if he or she is admitted into the hospital, at least one family member is encouraged to stay to provide food and manage the patient’s hygiene. Rarely does the hospital take adequate care of the patient in these matters. Generally, family members want to take care of the patient because they believe they are more attentive to the patient’s needs than doctors and nurses.

When facing critical decisions, the family also plays an important role. “If the patient is diagnosed with cancer, the doctor generally keeps it a secret from the patient.
weaker. I have a patient who asked me if she was going to die, and I didn’t know what to tell her without consulting her family first.” Dr. Hiep Qui Pham added, “We can try to keep it a secret, but the patient is generally aware of his or her condition.” He continued, “We try to use our best judgement to provide the best care possible for our patients.”

**Conclusion**

The goal of the physician in Vietnam is to minimize hospital stays in order to minimize costs. There is also an overcrowding issue coupled with the scourge of inadequate funds. Hence, little emphasis is placed on patient satisfaction and comforts, such as improving sanitation and increasing hospital capacity. As Dr. Phuong Nga thi Le stated bluntly, “I have not thought about the patient-doctor relationship until now.” Due to the difficulties facing the economy and the tight budget, the hospitals often outstrip their resources to provide quality healthcare. Service satisfaction is a luxury the medical system can not afford.

Patients, of course, wish to get well as rapidly as possible such that they can return to their loved ones. The awareness of discomfort is rather subtle. Patients generally do not complain much about their care. There is a “doctor knows best” mentality that permeates the culture, and patients avoid questioning authority. There are instances where doctors scold their patients. There is little respect given to patients and they often have no say in their treatment plans. Many times the health providers blame patients for not understanding the technical terms, but at the same time the health care providers also fail to make an effort to educate them.

The Vietnamese health care system is in desperate need of reform. Medical supplies and facilities along with higher compensation for its health care providers are merely some of the issues needing immediate attention. More importantly, Vietnamese health care needs improved exchange of medical information to train more skilled clinicians and institute additional reforms. I hope that I have adequately translated the voices of the Vietnamese people to spotlight their suffering and bring awareness to their plight.

**Duke Trinh Khuu** is a medical student in his fourth year at Stanford University School of Medicine.

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**Occupational injury and disease exact a significant toll on global economy**

WESTPORT, CT (Reuters Health)

The World Health Organization has declared at the conclusion of the International Conference on Occupational Health in Helsinki, that “ethically correct and economically sound” measures are needed to improve conditions of the working people of the world.

WHO estimates that about 1.1 million work-related fatalities occur annually. This number “...roughly equals the global annual number of deaths from malaria,” WHO says in its statement outlining the extent of occupational health problems.

There are about 250 million workplace-related accidents annually, which result in about 300,000 deaths a year. In addition, there are about 160,000,000 new cases of work-related diseases that develop each year. And there are an increasing number of reports of work-related psychological stress and overwork each year.

The International Labour Organization estimated in 1997 that economic losses as a result of occupational injury and disease amounted to 4% of the world’s gross national product.

Only about 5% to 10% of workers in developing countries and 20% to 50% of workers in the developing world have access to occupational health services. WHO notes in its release that the idea of occupational health and safety “...has not yet gained meaningful universal recognition.”

WHO cites two primary global problems with improving occupational health: an “...unwillingness to recognize occupational causes of injuries or health problems, and failure to report them even when recognized.” The World Health Organization is announcing that it and its collaborating centers “...plan joint activities to implement the Global Strategy on Occupational Health for All.”

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**Europe needs environmental action to improve health**

NEW YORK, NY (Reuters Health)

European countries need to take “environmental action” to improve the region’s health, said Dr. Gro Harlem Brundtland, director of the World Health Organization (WHO) at the Third European Ministerial Conference on Environment and Health in London.

“Focused investments in education, healthy work conditions, environmental sanitation and a safe water supply are extremely effective in improving health and well-being, as well as in increasing productivity and economic growth,” Brundtland told European ministers of health, environment and transport.

Although acknowledging the progress that Europe has made in the past 20 or so years in improving environmental conditions, Brundtland pointed out that 3% to 4% of premature mortality in Eastern Europe can be attributed to outdoor air pollution. About 7% to 8% of deaths annually are due to poor water quality, poor sanitation and poor hygiene practices.

Brundtland warned that indoor air pollution is a growing problem and “is emerging as a major contributor to ill-health, primarily from respiratory diseases.”

“Strict public health vigilance is required,” Brundtland said in a statement.

“Europeans must help and support each other to advance an agenda which is by nature common,” Brundtland said.