

A Reflection on Clinical Decision-Making Between Vietnam and the UK: Medical Elective Report

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Keywords

Critical Care | Decision Making | Medical Elective | Paediatrics | Patient Autonomy |

Abbreviations

MDT Multidisciplinary Team
SCH Sheffield Children's Hospital
UK United Kingdom

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Abstract: This article explores contrasting models of clinical decision-making observed during a medical elective at Bach Mai Hospital, Vietnam, and Sheffield Children's Hospital (SCH), UK. It highlights how cultural, systemic and ethical contexts shape decision-making and how these differences influence patient autonomy. The reflection concludes by considering how these insights will inform future practice, particularly in balancing decisiveness with multidisciplinary team (MDT) involvement when delivering patient-centred care in clinical environments.

Reflection on my Elective

The Elective

My elective provided exposure to contrasting healthcare systems, resources, and cultural attitudes towards patient care. In Vietnam I spent time on the stroke ward at Bach Mai Hospital, a large tertiary referral centre in Hanoi providing specialist and emergency care to a high volume of patients from across northern Vietnam. In the UK, I completed my placement in the critical care unit at Sheffield Children's Hospital (SCH), a tertiary centre providing emergency, surgical and medical care to children from birth to 16 years across South Yorkshire and the wider region. Its critical care unit

forms part of a broader multidisciplinary service that manages some of the most complex paediatric cases in the country. Both settings offered unique opportunities to observe differences in clinical decision-making, patient autonomy, and multidisciplinary team (MDT) involvement.

Elective Objectives

The main objectives for my elective were:

- Gain a deeper understanding of how resource availability, cultural influences and multidisciplinary collaboration shape clinical decision-making.
- Explore how different healthcare models in two contrasting healthcare systems influence patient outcomes.
- Reflect on how differing approaches to care can inform and adapt my own future clinical reasoning and practice.

Reflection

In Vietnam, patient care evidently took a much more paternalistic approach compared to care in the UK. Treatment decisions were made solely by doctors, often without input or discussion with patients and their families to explain what treatment they would be receiving and why. Whilst multidisciplinary discussions and meetings did exist within the department, they were a much smaller part of practice and doctors' management plans were typically implemented immediately, without any wider discussion. This approach made me reflect on the implications of such autonomy. While

this decisiveness ensured efficiency and rapid treatment, I felt that the absence of collaborative input reduced opportunities for shared perspectives that might enhance safety or patient understanding. These observations are supported by Thompson *et al.*, (2022) and Davoudi *et al.*, (2025), who identified that paternalistic approaches to care are often underpinned by trust in clinicians, hierarchical structures and systemic pressures. These models can promote decisiveness in emergencies but may limit opportunities for patient involvement in their own care.

Hofstede's concept of high-power distance helps to explain why patients in Vietnam appeared comfortable with doctors taking full control of decisions. In such cultures, authority and hierarchy are accepted, and patients may feel less entitled to question medical opinions. This is explored by Verma *et al.*, (2016), who found that doctors from high power distance cultures tend to use less participatory communication styles, which can reduce opportunities for patients to voice concerns. In contrast, the UK's lower power distance culture values openness and equality in professional interactions, reflected in the multidisciplinary discussions I observed at SCH. However, as highlighted by Pradelli *et al.*, (2025), complex MDT structures can also introduce challenges such as unclear leadership and slower decision-making. Considering both perspectives helped me recognise that while hierarchy can enhance decisiveness, collaboration is essential for balanced, patient-centred

care.

During my time on critical care at SCH, shared decision-making was central to patient care. A previously well child presented with rapid deterioration and multiple organ failure of unknown cause. Many consultants from various departments were involved, yet uncertainty about how to approach treatment led to hesitancy in assuming responsibility. Despite frequent multidisciplinary team meetings, a clear treatment plan was slow to emerge. While I valued the collaborative ethos and safeguarding against error, I also felt that the hesitancy had potential to be detrimental due to delayed interventions. This contrasted with Vietnam's more individualised but rapid approach.

Conclusion

Both systems raise important ethical questions around autonomy and professional responsibility. The UK's model, while sometimes susceptible to delayed decisions and risk aversion, offers strong safeguards through shared expertise and patient empowerment. Alternatively, Vietnam's paternalistic approach promotes efficiency and clarity but risks overlooking patient autonomy. Importantly, autonomy itself is not always understood in the same way across cultures. This is highlighted by Meng *et al.*, (2024), who explains how family and social harmony shape medical choices and doctor-patient relationship.

These experiences broadened my

understanding of the complexities of "best practice" and prompted me to consider how I will navigate these problems in my future practice. I hope to balance inclusivity with timely, decisive action by defining clear roles within the MDT, summarising key options concisely, and ensuring open communication with patients and families. Recognising the strengths and limitations of each model will ensure that my clinical reasoning remains both culturally informed and patient centred.

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