



## **ELECTIVE ASSESSMENT**

I chose to do my elective at the public health research and policy department at Queen Mary because I was interested to see what type of work is done there and what "a day in the life" of a public health professional is like.

I am not too sure exactly what I was expecting the work to be like. I suspect I had a very different type of elective experience to other students, however I feel the time I spent in the department was very valuable and I learnt a lot of research skills I did not have before. For example, I had never conducted a literature review before and I was able to learn how to do this properly by attending a couple of sessions in the library. I think this will be really useful in future as research has become a prerequisite for entry into more competitive specialities and also in order to practice evidence based medicine one has to be able to understand where the evidence has come from. I did not find it particularly easy to learn how to do this- it took me at least a week to properly understand how to do it correctly. For one of my two projects I was asked to do a literature review of the evidence regarding the use of the HPV vaccine in patients with HIV. Although this piece of work is not finished, I hope to complete it over the next few weeks and I certainly learned a lot about HIV and HPV whilst doing the review.

The second thing I was asked to work on was a **review of the main private companies who have contracts to carry out NHS work** such are Care UK, Ramsey, Spire and so on and find out their company structure and whether there was anything interesting about the directors of the company or structure of the company. I also tried to find out information about deals taking place between the NHS and these companies, but exact information was difficult to get regarding the finances.

The work I ended up doing was a little bit different to my stated objectives prior to commencing the elective (which was to look at obesity and food availability in Tower Hamlets), however I do feel that it was very worthwhile and I learnt a lot.

The objectives set out by the school:

 Describe the pattern of disease/illness of interest in the population with which you have worked and discuss this in the context of global health.

Briefly the HPV vaccine has not been specifically tested in patients with HIV and those patients who incidentally have HIV and received the vaccine have not been followed up for long or specifically so it is unclear how the HPV vaccine will affect their outcomes. Patients who have HIV and HPV have more aggressive dysplasia. Although not specifically part of my research question I was able to sit in on a discussion with other students who were looking at the aggressive marketing of the HPV vaccine in developing countries and whether there was any evidence for this, which was interesting.

Describe the pattern of health provision in relation to the country in which you have worked and contrast this with other countries, or with the UK.

The changes in the NHS in the recent past with the increasing use of private companies to provide NHS care is not something we speak about in medical school, but I think it is of vital importance. As

students we are taught nothing at all about the business of medicine, and I believe if you were to ask any of my contemporaries about a private healthcare company, they would be unaware that these are *for profit* companies and that we in the future will accountable to these for profit companies. This of course has implications for our future practice as personally I cannot see that it is ethical for a healthcare company to be operating for profit, and we will find ourselves in the middle.

Looking at the behaviour of National Medical Enterprises (NME) which is one of the largest medical corporates in the US, we can see that clinical care becomes secondary to the bottom line. Doctors control admissions and so they were placed under financial pressure and career pressure to increase the number of admissions even when they were not clinically necessary. Dr Charles Arnold tape recorded interactions he had with NME employees. A Mr Durrett said:

"We were over generous. We would pay for such things as setting up their office. We would pay for their personal staff for several months after they were in business. In almost all cases of the psychiatrists that we recruited, we paid them a monthly stipend anywhere from \$8,000.00 to \$15,000.00 a month. As we admitted patients then, they would be assigned to the psychiatrists. It was very easy for a psychiatrist in our facilities to generate \$600,000 to \$800,000 a year in private practice fees from us alone and he was still free then to go out and set up their own private practice in addition.---- we have made it very profitable for the psychiatrists. So when you first went out to talk to the psychiatrist it was very easy to convince them that what we were doing were some of the things that they wanted to do. Then once they got involved it was very --- we have to re-educate the physician as to how we want our practice provided. So, it was that re-education process that got a lot of the psychiatrists trapped in the middle of the situation."

It was alleged patients were not transferred to other hospitals when NME hospitals did not have needed facilities and discharge dates were extended by not allowing the patients to demonstrate improvement.

One of the founders of HCA healthcare (who now have 3 joint ventures with the NHS- University College Hospital, Queens Hospital and The Christie NHS Foundation Trust), Rishcard Scott is quoted as saying "Do we have an obligation to provide health care for everybody? Where do we draw the line? Is any fast food restaurant obliged to feed everyone who shows up?" in The Patient as Profit Center: Hospital Inc Comes to Town by Carl Ginsburg, The Nation, November 18 1996.

This piece of work is unfinished, however it is a topic I am really interested in so I am intending to come back to the department for a few weeks prior to starting work.