

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Describe the prevalent gynaecological conditions encountered in the developed and less developed countries. How do they compare to each other and with those in the UK?

Mauritius is a developing country unlike the UK and the prevalent gynaecological conditions include fibroids, menorrhagia, ovarian cysts, adenomyosis, endometriosis and cancers. These conditions are also common in the UK showing that there is no difference as to what the patients present with. The treatment offered to patients here are effective but often less conservative. An example is for fibroids – depending on their size – in the UK, treatment includes pharmaceutical therapy, then ablation and finally surgical whereas in Mauritius many undergo a hysterectomy with bilateral salpingotomy.

Many obstetric cases are complicated due to obesity, diabetes, hypertension, hypothyroidism and to a lesser extent hypercholesterolaemia. These can lead to problems such as macrosomia, microsomia, infections and pre-eclampsia. The prevalence of these conditions is higher in Mauritius than what is encountered in the UK which is why they are routinely screened for.

There is a screening test for cervical cancer being carried out by the Ministry of Health but the patients aged 30 – 65 are being opportunistically chosen rather than systematically. This is different to the UK where all are tested between 25-65 years old. The screening has helped to detect and decrease the incidence of cervical cancer in Mauritius.

Explore the differences in maternity care and services provided in Mauritius

Maternity care is provided locally via a Community Health Centre or an Area Health Centre where there is a doctor and midwife present to follow them up for scans, blood tests and making sure the baby is developing well. They often see the same doctor but not always. This is similar to the NHS system in the UK where a patient visits their local GP. In Mauritius patients also have the choice of having their scans and tests at the hospital which is reserved for complicated pregnancies in the UK.

The appointments are similar to those in the UK where they check if the mother is well, if the baby is moving well and if she has had any pain or vaginal bleeds. Blood tests include FBC, cholesterol and unlike the UK everyone is screened for diabetes via OGTT whereas in the UK it is only those with a risk factor for it. They check the blood pressure for hypertension. This is due to the high prevalence of diabetes, obesity and hypertension in Mauritius as mentioned previously. Women are prescribed Fefol – which is combined iron and folic acid supplements as anaemia is common in Mauritius whereas in the UK only folic acid is routinely given and iron is only given if anaemic.

Women are reviewed more regularly than in the UK. Under 24 weeks they are seen monthly, then between 24-32 weeks every 3 weeks, then 2 weekly between 32-34 weeks, weekly between 34-36 weeks then weekly thereafter with a specialist. They have an echo scan at most of these appointments. Contrastingly in the UK women are seen at 8, 12 and 20 weeks for scanning and can contact the GP or midwife if they have any other problems.

In the UK if the patient is healthy they can wait upto 40+12 for normal delivery. Spontaneous delivery is preferred. In Mauritius due to most women having complications, they admit them after 38 weeks

to monitor the mother and baby. They plan for a c-section if she has not gone into labour on her due date or will wait one day after in general practice which is very different to the UK.

Overall maternity care is thorough in Mauritius and the doctors are encouraging patients to become healthy before getting pregnant to decrease complications.

What is the management available for emergency obstetric cases?

In Mauritius all emergency cases are immediately referred to hospital as they are in England. Patients can call 114 for an ambulance or bring themselves into A&E. These services are free to all the citizens in Mauritius and they will be seen by the relevant specialist or consultant after being clerked in by the junior doctors. This is a very similar system to the NHS in England. Patients can choose to go to private hospitals and pay for their treatment as in England.

There are daily operating lists and theatres are available for emergency surgeries. Observing theatres showed me that it is very similar to England but that patients are seen quicker in Mauritius and that England has more advanced equipment as expected. Doing the ward round with the on call doctor in the morning showed me how many patients can come in overnight. Often the emergencies were reduced foetal movement, vaginal bleeding, pain or preterm labour. There are some guidelines in the hospital; however, they are not always adhered to and the doctors have their own preferences; which is different to the UK, where NICE guidelines are standard practice.

Overall I think the system that exists in Mauritius is excellent in terms of each patient gets to see a specialist or consultant in a timely manner and there is treatment readily available but there is no national time limit within which a patient must be attended to in A&E as in the UK. I was fortunate to see the control centre for the ambulance service where they triage around 1000 calls per day. For emergencies they are fully equipped and have a doctor so that patients can be investigated or treated quickly which is fantastic and different to the UK where doctors are not in the ambulance.

How has the different healthcare systems encountered influenced my view of the healthcare provided in the UK? How will my experiences add to my professionalism towards patients in the future?

There are many similarities between the hospital healthcare system in Mauritius and that of the NHS system in the UK. They both offer a free service to all citizens where they can see a doctor. In Mauritius the medications obtained from a hospital pharmacy is free of charge whereas those obtained from a hospital in the UK still incur a prescription charge. I think that the free medication provided is vital to ensure that all patients that present to hospital have access to treatment and it is a fairer system than that in the UK.

I think this elective has made me further appreciate the healthcare system in the UK as all patients should receive the same care regardless of what doctor they see and which hospital they attend. The NICE guidelines in the UK ensure this and I think that this elective has shown me that it is very important to adhere to their recommendations. Nevertheless I was impressed by the level of care provided by Mauritius, being a developing country.

My experience here has made me value the importance UK puts on hygiene. This includes being bare below the elbows, washing hands between seeing patients and using disposable tissue or changing sheets on the beds between patients during a clinic. These were all seldom done in Mauritius. In

Victoria Hospital there are no curtains around the bedside, offering patients little privacy and in the UK they are occasionally not used which I now feel is very important to ensure they always are.

From the clinics and ward rounds observed, due to the vast number of patients to be seen, the time spent with the patient by the doctor is shorter. The consultant or specialist asks a few key questions and not all patients are examined fully during the ward round. This is very different to the UK where time is spent having a relevant discussion and examining each patient during the ward round. For a clinic appointment a patient could walk into a room of 5 doctors 8 medical students and 2 nurses which did not appear to unsettle them. In the UK they only see one doctor, the consultant or specialist, so this was a very different experience for me as in Mauritius the whole team was present.

Patients seemed less involved in their care than in the UK. For example if a patient presented with menopausal symptoms they were told what they were going to be given and instructed on how to take it and how long for. This would be different in the UK where various options would be listed, and their side effects given before a joint decision was made about what medication to take. I feel that patients in Mauritius are less aware about the condition they have which is different to the UK where patients are better informed.

For future practice I want to take away that hygiene must always be maintained, to spend time talking to a patient even if there are many to see, to provide the patient with privacy, to ensure a patient's treatment is a joint decision with them and to encourage patients to become better informed about their condition.