

## **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?**

Commonly in Pakistan, women present with fibroids, prolapse, ovarian cysts, endometriosis and adenomyosis. They often presented with symptoms of polycystic ovaries such as fertility problems or hirsutism and menorrhagia. These were the most prevalent conditions I encountered during my elective in Holi Family hospital. These are also prevalent gynaecological conditions encountered here in London where the population is ethnically diverse showing there is little difference between what patients have in a developing and developed country.

Often patients present to the hospital quite late on which appeared to be due to a lack of health education or understanding of what normal is. For example they would present with a severe prolapsed causing pain or due to repeated episodes of collapsing due to anaemia which when investigated was due to severe menorrhagia.

Most of the women who did present to hospital were coy about their symptoms and did not feel comfortable discussing them. They often gave very little information even when asked direct questions or answered with the reply that they don't know. It appears this area of health is found embarrassing by the majority there and that they would rather ignore the issue. In the UK even though not all women are comfortable discussing these issues, when they feel there is something wrong most are likely to go and discuss this with their GP which is reassuring and contrastingly very different.

**Explore the differences in maternity care and services provided in Pakistan**

Women can obtain a pregnancy test from a pharmacy to dipstick their urine initially. They then go to a clinic to have a blood test to confirm the pregnancy or can decide to go after 12 weeks for a dating scan to confirm the pregnancy. Many wait for 12 weeks before they go see a doctor as the clinic is not free. There is a charge which varies depending on whether it is an affluent area or not. The doctors individually choose their fee. As the majority of women wait til 12 weeks – folic acid is started after this, contrastingly to the UK where women start either before they conceive or as soon as they know they are pregnant.

The patients in Pakistan decide when and if they want to see a doctor. After the 12 weeks they have little monitoring unless they come in after feeling very unwell by which they have often presented too late. There is a protocol during pregnancy where patients would be advised to come and see a specialist working under a consultant at 3 months for their dating scan, 6 months for their anomaly scan, and at 8 and 9 months for foetal wellbeing scans. If the patient has come in for them and there is a problem with either mother or baby – they will then be seen by a consultant more frequently and will be scanned as deemed necessary.

Birth plans are decided after 8 months and many women in rural areas, unlike the UK, opt for home birth as it is common practice there as there is a midwife there who helps in most of the births.

Majority of ladies; however, opt for normal vaginal delivery in hospital, similarly to the UK. If there are no complications, similar to the UK they allow 40+14 before they consider induction or c-section.

The main difference in Pakistan is patients choose to come in and there is little advice otherwise. In the UK most patients are aware when they should be seen and what will happen at each appointment. There is an overall lack of health education in Pakistan and anaemia is a very common problem encountered.

**What is the management available for emergency obstetric cases?**

In an emergency – the number 1122 is dialled which is a similar service that 999 provides in the UK. All obstetric emergencies are sent to the hospital to be dealt with. Pakistan has two ambulance services, one is government run similar to the ambulance service provided by the NHS and the other is named EDHI which is an organisation set up similar to the St John's Ambulance which is run on donations and volunteers. Both are free for patients to use. The patient can decide to be treated at a government run hospital or a private hospital – and the free ambulance service will take them to their choice.

Patients are triaged in the emergency room into surgical and medical depending on the nature of their emergency and the treatment they are likely to require. All the care provided in a government hospital such as Holi Family is free, including the tests and medication. In a private hospital such as Shifa which we visited – there are fees for everything including stay, admission, to be seen by a doctor, blood tests and medication. Payment must be made beforehand as you go along otherwise you are asked to leave and go to the government hospital or you can decide not to have certain tests done that you cannot afford.

In Holi Family – the area was crowded with people sharing beds at times, hygiene was poor and there was no order. People would be seen when they could be, not in a timely manner, unless the emergency was visually evident. There was no queuing system, there was little privacy and it was a hectic scene. There was no real management of the patient as each doctor acted as they saw fit to as there are no protocols that they follow. Impressively most patients when seen are clerked by registrars and so are examined quite well. In the private hospital the equipment was better, they had separate rooms, was seen by a doctor in private and the care and hygiene was substantially better. The care was more ordered as they were seen initially by a specialist. If the specialist felt the presenting complaint was not of their field, they asked the relevant specialist to take over.

**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?**

Pakistan's government led healthcare system has made me appreciate what the NHS has to offer even more so. It is great that Pakistan offers free hospitals and treatment for all including medication like the NHS does but there is a very different level of care between their free and private sector.

Overall I felt all in the NHS healthcare services care more for patients than those who worked in government hospitals in Pakistan. They treat patients better, maintaining their privacy and dignity. In Pakistan it is very chaotic meaning that staff seemed more stressed when interacting with patients. Everyone is seen in front of everyone else so there is little privacy for children to adults. This has strengthened my belief that all patients should be treated equally regardless of their background.

**In Holi family – the wards were unclean. The staff did not wash their hands between patients and it seemed that the staff lacked compassion and empathy with the patients. Consultations were as quick as possible where the outcome was the patient being told what to do without an explanation of what they have or what choices they have. Patients were not encouraged to read up about their health and overall medications were commonly given before lifestyle changes were attempted. Antibiotics were given very easily.**

**In Shifa hospital hygiene was good, doctors use alcohol gel and washed their hands between patients. The wards were cleaner. More time was spent with the patient regardless of their time slot which felt nicer and calmer.**

**Overall I appreciated the NHS system much more after what i encountered in Pakistan and more so the guidelines they follow and the hygiene of all hospitals here. I intend to maintain my care, compassion and empathy with all patients regardless of stress levels and motivate my patients to be part of the decisions regarding their health.**