

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**Elective at the Royal London Hospital, Whitechapel, on a Gastroenterology firm for 6 weeks.**

**Supervisor: Dr Noor Jawad**

**Word count: 1099**

### **Objective 1:**

I very much enjoyed my time shadowing Dr Jawad and her team at RLH. Gastroenterology has an important global health impact as diseases can affect nutrition and growth especially in children. Also, according to the centre for disease control “Diarrhoea kills 2,195 children every day—more than AIDS, malaria, and measles combined” . Obviously in the UK the impact of this kind of illness would be much less, due to better sanitation and hygiene.

Things like inflammatory bowel disease and colorectal/ bowel cancer are much more the bread and butter of what I saw at RLH. Bowel cancer is one of the most commonly diagnosed cancers in the UK in people aged over 60 years and commonly presents with changes in bowel habit e.g. constipation and/ or diarrhoea.

It must also be considered the link between emigrating to a different country and incidence of certain diseases increasing/ decreasing with that move e.g. the decrease in abdominal tuberculosis and the increase in inflammatory bowel disease in the population of tower hamlets.

### **Objective 2:**

The UK has brilliant screening for bowel cancer for the over 60's. The NHS does faecal occult blood screening via a postal service and in patients with changes in bowel habit they are referred to the hospital for colonoscopy and further investigation. Obviously, we are privileged in this country that we have the NHS. In other countries e.g. Africa where the funding is just not available, this cancer may not be found until it is too late. Either because people live too far away from medical help, or, it is too expensive and help isn't sought until it is too late.

IBD is a condition with much funding and research in the UK and numerous drugs are available to try and treat these conditions. I spent some time with the IBD doctors and nurses and in clinic and enjoyed my time greatly on this placement.

### **Objective 3:**

Tower Hamlets has a predominantly Bangladeshi community who's main gastroenterological problem, was in the past, abdominal tuberculosis.

Some studies have shown that the presence of abdominal TB is going down in this community and the incidence of inflammatory bowel disease is increasing

There is also much interest in whether migrants to the UK follow patterns of disease in their native countries, or whether, due to adopting the food and culture of their adopted country, IBD patterns are the same as the native country e.g. Bangladeshis who have emigrated to tower hamlets vs those who stay in Bangladesh.

Studies have shown that the incidence of UC has increased from 2.3 to 7.3 cases per 1000 between 1981 and 2001.

IBD occurs mainly in Caucasians and Ashkenazi Jews rather than other racial sects such as the mainly Bangladeshi population of Tower Hamlets (see reference 1). A western lifestyle is thought to contribute to IBD, and perhaps it is the adoption of a westernised lifestyle that has contributed to the rising incidence of inflammatory bowel disease in this population.

Whereas in the past the culture may have been retained more e.g. eating native food of native country, perhaps nowadays the British culture may have been adopted by the second generation/ third generations that are growing up now. The amount of chicken shops in Whitechapel is perhaps testament to this trend towards a Western diet?!

#### Objective 4:

On the firm I spent time shadowing members of the team; I spent time in endoscopy seeing the transition of patients through the service from waiting room to the procedure and in recovery. I was able to hone cannulation and blood taking technique. I took histories from patients and examined patients who were on the ward for a variety of reasons, IBD or acute medical problems as these were also covered by the gastro team when on call. It brought home all my medical student learning on "The Acute Abdomen" and for example treatments of "drip and suck". I managed to practice SBAR with members of different teams when helping the F1's with jobs. I went to the MDT meetings and radiology meetings and saw how different team members interact with one another.

I enjoyed my time on this firm greatly and feel privileged to have joined Dr Jawad and her team for my elective. It gave me greater insight into what a career in gastroenterology might entail, and practical help with my future job as an F1. Gastroenterology and inflammatory bowel disease is a career I can see myself going into in the future. Especially as a prior student selected component with Dr Jawad yielded some very interesting results with regards to IBD and colorectal cancer and pseudopolyps, and this data may actually change the way pseudopolyps are dealt with in the future.

It put a more patient centred outlook upon my time with Dr Jawad investigating epidemiologically IBD and pseudopolyps and very much helped with my medical student to F1 transition as I felt welcomed into the team.

Not only the differences in treatment/ health care provision must be concentrated on but also the diseases that affect each population. Diarrhea and abdominal TB might be diseases prevalent in other cultures, whereas in the UK it is things like the acute abdomen, pancreatitis, diverticulitis etc.

#### References

**1 <http://www.cdc.gov/healthywater/global/diarrhea-burden.html>**

**2 [www.nature.com/ajg/journal/v99/n9/full/ajg2004341a.html](http://www.nature.com/ajg/journal/v99/n9/full/ajg2004341a.html)**

**3 Nguyen 2007 Race and health insurance are predictors of hospitalised crohns patients undergoing bowel resection. Inflamm bowel disease, 2007, 13, 1408-16**

**4 Haneur.S inflammatory bowel disease: epidemiology, pathogenesis and therapeutic oppurtunities. Inflamm bowel dis, 2006, 12.s3-9 supplement 1.**