

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

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

**Discuss the most common presentations to paediatric emergency services in the UK and discuss these in the context of global health**

**Presentations to A&E in the UK can be divided into medical and surgical cases. The most common medical problems are breathing difficulty, febrile illness, diarrhoea/vomiting, abdominal pain, seizure and rash. Around 70% are self-referrals either from children or their parents. Just under 15% are referrals from general practitioners, with the remainder coming in by ambulance. It has been reported that around 85% of A&E attendances in this age group are for the 10 most common presenting conditions.**

**Describe the provision of healthcare in the UK and compare it with healthcare provision in Canada**

**Canada and the UK both have universally available public healthcare systems dating back to the 1940s. Both countries have a private health sector, though this is less significant than the public. Broadly speaking the two countries have similar healthcare systems and my experience of them has differed largely based on my exposure to particular diseases and the fields of interest of the physicians and surgeons I have shadowed.**

**In terms of spending, Canada spend just over 11% of the GDP on healthcare compared with just under 10% in the UK. In both countries, some services are not covered, including dentistry and some prescriptions.**

**Of note in the emergency setting, I was interested to find that the cost of an ambulance to get to A&E is not covered in Canada as it is in the UK. However, once in hospital, care and any procedures or medications is covered. On leaving the hospital, prescriptions are no longer covered and the patient must pay for any further medications needed. This is in contrast to the UK where any prescription needed costs the patient a standard amount (currently £8.20) for anything.**

**Brief overview of Hirschsprung's disease as an example of an interesting case presentation to paediatric emergency department, including epidemiology and management in the UK**

**Hirschsprung's disease is a congenital disorder of the GI tract where the nervous supply to the gut does not develop properly. The large intestine subsequently fails to function as normal and patients**

suffer with a number of symptoms and complications. It is usually diagnosed shortly birth, presenting with failure to pass meconium or megacolon. Diagnosis can be made on biopsy. The incidence of Hirschsprung's is estimated at 1 in 5000 births, making it a relatively rare disease. Treatment of the disease is usually surgical, with the abnormal segment of bowel being resected followed by an anastomosis. As such, one of the complications of the disease (and of its management) is short gut syndrome.

The case seen during my placement was an 8 year old child presenting with stomach upset for several days on a background of Hirschsprung's disease and short gut syndrome following multiple previous surgeries. Due to the complex nature of the case, the child's gastroenterology team were consulted for advice. The child was systemically well and obs were stable; stool cultures were taken and follow up in gastro outpatients was arranged for later in the week.

### Personal/professional

During my brief time at the A&E department at The Royal London I was able to build on a relatively short exposure to paediatrics from year 4, particularly in the emergency setting. This was particularly useful having by this point undertaken my year 5 A&E rotation. By this stage during my training I felt that career orientated discussions are of more use than in earlier clinical years, so it was nice to be able to discuss the pros and cons of various career paths with the emergency physicians there. Following this placement I continued on to carrying out a month of paediatric orthopaedic surgery at the British Columbia Children's Hospital in Vancouver. This week at The Royal London was a nice transition back into paediatrics and I would recommend the department to anyone interested in considering the career.