

ELECTIVE (SSC5b) REPORT (1200 words)

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

Orthopaedics – Korea – May 2018

My elective at Seoul National University Hospital offered a rare insight into the field of orthopaedic oncology and the healthcare system in Seoul, Korea. Seoul National University Hospital (SNUH) is one of the oldest and biggest hospitals in South Korea, having been established in 1899. It is a large general and teaching hospital in the north of Seoul surrounded by the arts and palace areas. Along with SNUH, there are the tertiary paediatric and cancer hospitals, all in the same location. The hospital has the biggest orthopaedic oncological department in the country with world-renowned surgeons in the field, with many patients from all over the country coming here to seek treatment.

In orthopaedic oncology, three days of the week consisted of clinics, where the day would start at 7am with doctors from all orthopaedic subspecialties being present for an X-ray meeting and case based discussions. After this, for the orthopaedic oncology team, there was another hour-long meeting, where patients were reviewed. The team would then go to the ward to see the patients and see how they were doing by talking to and examining them. In the afternoon, there would be either paediatric or adult clinics, finishing around 6pm. What I found fascinating here was that, for clinics, there were two connecting rooms, both were being used to see patients and there would be a junior registrar in each room and the consultant would alternate between them. Whilst the consultant was in one room consulting the patient, in the adjoining room, the other registrar was getting the necessary information from the next patient and setting up the electronic notes and images to be ready for when the consultant came. When the consultant came, and talked to the patient, the registrar would do the admin related to the patient's case. This is different to the UK's general orthopaedics clinics, where we would have a consultant and the registrar having their own clinic rooms and seeing patients, with the registrar seeking the consultant's advice if necessary. However, orthopaedic oncology is very specialist-led and requires a certain level of expertise for consultations. Some of the electronic notes were available in English and the doctors always told me what was happening so I felt that the clinics were a great source of learning due to the teaching provided and the sheer number of patients that were being seen, around 45 patients in a 4hour clinic.

Theatre days would start at 8am on the dot, with only 20minute breaks between each surgery. Whereas in the UK, it may be up to an hour before the theatre is ready for its next case. During theatres, the registrars and fellows always gave me teaching and explained what the surgery consisted of and the pathophysiology of the condition. I saw many rare conditions that I had only read up on textbooks or online, for example, a synovial sarcoma.

There were quite a few things that I found quite different compared to back home. One of which, was the number of doctors at a senior level that were at a surgery. During each surgery, there would be a

consultant, a fellow and three senior registrars, which is very different to back home, as at most, you would just have 2 surgeons, one consultant and one registrar. At times, this did make it difficult for me to see what was happening. On the wards, it was like England, most junior doctors worked quite independently. Furthermore, the Korean doctors seemed less stressed compared to doctors in the UK, even though, they have longer working hours. However, In Korea, I feel like there is more socialising within one's team for example, team dinners happen once a week, thus, building a better rapport and support network within doctors than the UK.

One of the things that I found quite surprising was that although Korea is a hierarchal country, with juniors always bowing their heads to their seniors and always respectfully calling them "seonsaengnim", which means teacher. I felt a very strong presence of a hierarchal system in the hospital compared to other countries like Japan and UK but there was also a sense of familiarity within the teams. As orthopaedic oncology is very specialist-led, during theatres, it was evident who was leading the team. The equipment used within the surgery was similar to what we have in the UK. Although, at SNUH, they use sterilised reusable surgical drapes and back table covers, and sometimes, gowns. Whereas in the UK, these items are disposed off after the surgery. It did make me wonder about medical waste and cost-cutting strategies.

Korea is a country where both technology and tradition co-exist. Korean culture is different to elsewhere in the world, with a strange mix of familiarity and formality. Elders and those with more experience such as senior doctors are treated with the utmost respect and their decisions are always considered. Korea is quite family oriented so at times, consultations in clinics would involve a range of family members along with the patient. The people of Korea are some of the warmest and helpful people that I have met.

The quality of South Korean healthcare has been ranked as being among the world's best. South Korea has some of the best health outcomes for various procedures and diseases and one of the highest life expectancies in the world, which keeps on increasing. Koreans can access both Western and traditional oriental medicine, with the latter having been extensively researched and improved alongside its modern counterpart. Patients can choose which doctors they want to see and tend to go to the best hospitals in the country like SNUH, Yonsei, Asan and Samsung, "The Big 4". As SNUH is also a tertiary hospital, it requires a referral letter from a clinic or a primary hospital, thus, preventing long waiting lists and giving access to patients that require tertiary services.

In South Korea, there is universal healthcare coverage, the system is run by the Ministry of Health and Welfare and at the point of delivery, it is free for everyone. The system is funded by a compulsory National Health Insurance Scheme (NHIS) that covers the vast majority of the population. Koreans pay a monthly premium, around 5% of one's income to the NHIS. The NHIS allows patients to get treatments at a reduced rate of around 40% of the actual cost and subsidising the cost further for those with chronic or complex conditions, however medical bills can pile up for those who do not have private insurance.

I also find it quite astounding how Koreans doctors can only work in either the public or private sector, unlike in the UK, where doctors can work under both systems.

I have learnt a lot about orthopaedic oncology and Korea during my time at SNUH. I am thankful to SNUH for accepting me on to this elective programme. I am also immensely grateful to my supervisor Professor Kim Han Soo and his team for all the teaching and support that they have provided me. Thank you very much for an awesome experience!