

ELECTIVE (SSC5b) REPORT (1200 words)

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

Israel's top health problems are similar to those in the Western world, with cancer and cardiovascular disease as the top causes of mortality - accounting for 2/3 of deaths. However, these have been on the decline since the 1980s, and is lower as compared to other OECD countries.

The most common cancers reflect Israel's geography and ethnicity. Israel is number 2 in the world for incidence of skin cancer, and the BRCA1 and 2 gene mutation common among Ashkenazi Jews makes breast and ovarian cancer common. I saw numerous breast reconstruction patients on the operating list, and so were excisions for basal cell carcinomas. I also found the difference between Israeli Jews and Arabs interesting – age-adjusted mortality rates from colorectal cancer are about three times as high and breast cancer mortality rates about twice as high in the Jewish population. There is also a higher incidence of melanoma among the Jewish population.

In the UK, neuropsychiatric conditions, cancers, and cardiovascular disease/diabetes occupy the top 3 spots in DALYs respectively. The top causes of mortality are similar – ischaemic heart disease, stroke, respiratory tract cancers, dementia, and lower respiratory tract infections. Top cancer incidences are colorectal, breast, prostate and lung.

I was privileged to have seen many surgeries for the first time – including a hepatectomy, a Whipple's procedure, and robotic surgery. I managed to observe bariatric surgeries, and while doing the research I found bariatric surgery in Israel to be on the rise, as compared to the UK or the US. Relative to the size of the population, bariatric surgery is done more commonly in Israel, the most common being sleeve gastrectomy. The reason for this remains unclear – neither patient risk factors nor criteria for gastrectomy explains. The Israeli diet is the healthier Mediterranean one, consisting of high protein, low carbs and healthier oils. Similar to the UK, the criteria for bariatric surgery in Israel is also covered by the national health insurance system and is “offered to all who have a BMI above 40, or above 35 with two or more comorbidities. In 2013, more than 9,600 bariatric surgeries were performed in Israel – compared with barely 2,300 in 2006, the first year for which figures are available.”

Given the obvious In terms of benefit, bariatric surgery improves weight, insulin levels and cholesterol by 80% within 5 years. In contrast, dieting only shows a 5% increase. 80 percent improvement in weight, insulin levels and cholesterol] within five years of the operation, and that's compared with a 5 percent success rate with dieting. This however is not a reflection of actual reduction in mortality and prognosis.

Israel's healthcare is based on compulsory universal health insurance. Under the National Health Insurance Law, core health services are provided free at point-of-service. Reviewed on an annual basis, these services which initially only included limited services, have now been expanded in the last 10 years to include quality of life and preventive services. This has led to an increasing life expectancy (currently 80 for men and 84 for women) and the halving of infant mortality from 1993 to 2017.

In comparison, the NHS was conceived in 1948 out of the ideal that good healthcare should be available to all regardless of wealth. Its founding principles that healthcare meets the needs of everyone, that it be free at the point of delivery and that it be based on clinical need, not ability to pay, still remains at its core 60 years later. With the exception of some charges like a standard charge for prescriptions,

optical and dental services, the NHS is free at the point of use for all residents. Funding comes directly from taxation, and its budget was £116.4 billion in 2015/16.

While aspiring for lofty and admirable ideals, the NHS runs into problems that it is perhaps notorious for. "Dying patients waiting hours for pain relief in NHS funding shortfall" runs a Guardian article in March 2017. "NHS faces 10 billion pound a year deficit by 2020" runs another in May 2016. Perhaps as a recognition of the shortcomings of a state financed healthcare system, there have been rumours about a quiet shift towards privatization, with the total income made from private patients by NHS England increasing by a third between 2011-2012 and 2016-2017. In the recent junior doctors' strike, the issue of privatization was a contentious issue, and people leapt to the defence of the NHS, with doctors calling the effective pay cut as part of a larger scheme to privatize. The NHS, however, is inherently unsustainable and I think change is long overdue. It is easy, however, to see that it will be many years before any political party will be able to garner enough support for a privatization of the healthcare system. It will be extremely difficult to pry free healthcare away from the grips of the people, something that is a source of assurance and pride, and a right, for many people for many years. Although privatization will be met with fervent opposition, and a difficult transition is definite, it might be a necessary evil.

Difficulty in communicating with patients was something I expected when I was applying to do an elective in Israel, but it was also a challenge I welcomed and took on with great ??? Learning to communicate with people who speak a different language was a personal objective of mine. This was in part because I needed to know how to do so in multi-ethnic London and Singapore, but also because I foresaw myself doing medical missionary work in future. I felt that 3 weeks in a Hebrew speaking hospital would teach me great lessons on communication beyond the spoken word. Beyond the obvious need to learn more than a few Hebrew words, gesturing and facial expression played the more important part in conveying both meaning and subtext. At the beginning, it was extremely difficult to even get consent for an examination. I struggled with explaining who I was and what I wanted to do, not to mention my reasons for being in Israel. Now, I am proud to be able to conduct an abdominal examination fairly well with a Hebrew speaking patient, a challenge I set for myself at the beginning. Understanding lengthy medical reports, however, was a different ballgame. For that, I am extremely grateful to both doctors and students who were all patient in translating and explaining to me in English.