

ELECTIVE (SSC5b) REPORT (1200 words)

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

Objective 1. Describe the epidemiological differences of diseases in Hong Kong, focusing on conditions commonly presenting in A+E, seen during my placement.

The population in Hong Kong is mainly (around 95%) ethnically Chinese. Hong Kong people generally live in a much more densely populated area. The differences in race, lifestyle, and clustering mean that the diseases which commonly present in the population are quite different from the diseases present in the population of London.

In A+E, there is a higher prevalence and suspicion for serious infective diseases, for example, flu, measles scare, tuberculosis, hepatitis. Tuberculosis is still very prevalent in the Hong Kong community. Viral hepatitis is also very prevalent, with 10% of the population being Hep B carriers. Seasonal influenza, avian flu, or other topical differentials of infectious diseases are thought about (at the time of placement, measles outbreak occurred in Japan and Taiwan so there was a higher alert to this).

I have also seen non-infectious diseases which are more prevalent in Hong Kong. In particular, hematological diseases such as thalassemia, G6PD, are much more common, although this may not be the presenting complaint. As a result, I have also managed to see complications of thalassemia, such as splenomegaly. I have even seen a case of hemophilia, which I previously thought was more prevalent in the Caucasian population. Other things I have seen here commonly include swallowing fish bone, and psychiatric presentations like overdose of western or Chinese medicines for self-harm, or suicide by height.

Objective 2. Describe the pattern of health provision in Hong Kong, and how this compares with the UK.

There are significant differences between the health provision in Hong Kong and the UK, as seen from the Accident and Emergency department.

Hong Kong's public health service is mainly secondary care. The primary care services are provided by privatized, self-employed GPs. There is not much communication between private and public health care systems, and so, there is not an organized system to distribute the workload of healthcare between primary and secondary care services. Private GPs have no incentive to treat difficult problems in their clinic; instead, they tend to send these cases to A+E, even when they are able to deal with them. Therefore, there is a huge burden on public hospitals and the A+E department.

To add to this issue, the cost to see a private GP (200-300HKD with self-financed medication) exceeds that of an A+E visit (180HKD inclusive of all treatment). This is likely to be the reason for people visiting A+E for all sorts of minor problems, especially people of low income. There is no system for self-certifying sick notes up to 7 days in Hong Kong, so people may even present to A+E just for a sick note. All of the above are factors which contribute to the overwhelming workload of A+E doctors in Hong Kong.

The pattern of care is also different. Due to the significant workload, and lack of space in A+E, most cases are sent into wards for further investigation and definitive treatment earlier than in the UK. The A+E staff decide and send the patients to the wards first, unlike in the UK where the specialist on call usually assesses the patient and decides whether to take the patient. The turnover is therefore a lot quicker. The downside is that a lot of problems get pushed around. Patients may get discharged prematurely and have the same treatment in subsequent admissions if deemed not suitable for treatment by the staff treating them. There is a lack of a joint multidisciplinary decision in the treatment of patients so the work may be overlapped and incomplete.

Hong Kong doctors also are more independent in their clinical decision making, and junior staffs are expected to be independent due to the overwhelming workload. They often have less support than in the UK.

Objective 3. Discuss the differences in Public Health policy in Hong Kong (compared to the UK) due to the higher prevalence of certain infectious and non-infectious diseases.

Hk hospitals have much higher awareness and stronger protocols for infection control. They outline the use of surgical masks and n95 masks for airborne and droplet infections perhaps due to the local history of SARS, and overall prevalence of seasonal flu, avian flu and other infectious disease.

Due to our clustered population, we also still have a high prevalence of TB. So the contact tracing/treatment regulations are quite stringent, and we have a special chest clinic just for TB treatment. The overall treatment is the same as UK, subject to local resistance guidelines.

The Hong Kong guidelines on antibiotic use do not recommend macrolide use in most infections, due to overwhelming resistance particularly in respiratory tract infections. This is quite different from the UK where macrolides are still widely used.

In terms of hematological conditions like thalassemia and g6pd, there is higher awareness to screen for this during family planning.

Objective 4. Reflect on my experiences during my placement, focusing on the difficulties in consulting in Cantonese, the differences in attitudes of patients and doctors in the working environment, and my general impression of working in Hong Kong.

My placement at Queen Mary Hospital was quite eventful. I was able to see quite a variety of patients with the team of A+E doctors in the department.

As expected, consulting in Cantonese can be more difficult. Besides from not being used to taking a history in Cantonese and not being familiar with asking medical terms in Cantonese, I became aware that most presenting complaints sound more vague in Cantonese, for example, the description of pain, or dizziness/vertigo, and "discomfort" is harder to differentiate. Often, after asking further questions to narrow down the complaint, the answer is just as vague as before. This may be the reason that doctors tend to suggest the symptom and ask yes/no, instead of asking open questions for the patient to describe the symptom by themselves.

There is paternal doctor-patient relationship in Hong Kong. This is beneficial for the culture, because patients tend to have their own ideas of what they are suffering from, which is very different from the western medical reasoning. Patients also tend to be very stubborn about their ideas, so it is difficult change their ideas despite clear explanation. Perhaps the paternal relationship helps in moving them to the appropriate treatment.

Overall, my impression of working in Hong Kong is a positive one. Patient turnover is a lot quicker, and perhaps the workload is different. From what I can see, the relationship between colleagues is pleasant, although there may be more competition for higher jobs. It is certainly a positive experience when I consider my path of coming back to work as a doctor in Hong Kong in the future!