

ELECTIVE (SSC5b) REPORT (1200 words)

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

Based on my experiences of cardiology both in the UK and in Singapore, the common conditions and their management are, broadly speaking, very similar. There are slight variations in management, mainly in the choice of drugs within the same recommended drug class, and the aggressiveness of the management, with Singapore favouring early invasive management as opposed to the more conservative approach taken in the UK.

Singapore is unlike the UK where there are national guidelines provided by NICE. Cardiologists in Singapore mainly subscribe to the guidelines provided by the American College of Cardiology/American Heart Association and the European Society of Cardiology. These guidelines are all developed based on evidence from research, which is already very well established in the field of cardiology. This explains why management of the common conditions is generally similar. Practice tends to differ in areas where the evidence is not as strong.

The disease burden of cardiovascular disease is rather consistent globally, and is not bound by geographic or socio-economic factors. The main contributing cardiovascular risk factors vary between regions, and also the mortality rates from cardiovascular disease. While, there is an element of genetic involvement in cardiovascular disease and in risk factors such as diabetes, hypertension and hyperlipidaemia, the environment also has significant influence. Apart from genetic predisposition of cardiovascular disease, these risk factors are modifiable and can be optimized through lifestyle and pharmacological interventions. Exposure to the modifiable risk factors is similar between developed countries such as Singapore and the UK. However, I have been told that Singaporeans generally show poorer response to pharmacological therapy and are at greater risk of getting the side effects. Most of these drugs were developed and tested in the western countries and thus suggests that there may be some genetic component affecting outcome. This may contribute to the differences in the drug choices and the fine-tuning involved in the management of patients in Singapore and the UK.

All things considered, the greater contributing factor to the difference in the management is likely the structure of the healthcare system. Singapore's public healthcare system uses a mixed financing system, where the government partially funds healthcare, ensuring affordability of healthcare to the public. As such, there is less limitation of investigative and treatment options, due to the financial and accessibility considerations in Singapore. In the UK, management options are favoured or chosen for their cost effectiveness, there are more stringent guidelines regarding indications for specialised investigative tests, and there is limited access to these options. While in Singapore, there is less restriction on cost and greater value placed on what works best; tests that can provide more accurate information; treatment options that have better outcome. Moreover, there is easy access to these options.

Patient expectations are also different between the two countries. This is partly due to the culture, and partly forged by the healthcare system. Patients in Singapore hold very high expectations of doctors, and that some times makes them less forgiving of situations where doctors are not able to satisfactorily provide them with the answers or solutions to their problems. The hospital management is also equally harsh on doctors in this respect, and doctors are not as well protected. This has invariably caused doctors to be more cautious in their management of patients, and to practice what they refer to as “defensive medicine”. This means that they are more likely to perform tests to rule out causes or problems where the clinical indication is not strong, but where it cannot be completely written off as a possibility. As the patient is ultimately paying for their health care, this also allows them to request for further investigations even if there is no clinical indication to do so.

Due to the family structure in Singapore, family members are more involved in the care of patients. Doctors not only have to manage the expectations and care for their patients, they also have to do the same for their patient’s relatives, which are often even more demanding than that of the patient. While it is also important to involve the family in patient care in the UK, doctors are responsible only to their patients. Management discussions are mainly held with the patients alone, who are also usually more independent, unless they request for their family to be involved. Whereas in Singapore, there is more importance placed on making sure the family is involved in the decision making process and are on board with the decision made.

Throughout the placement, I had the opportunity to observe different doctors having elaborate discussions with patients and their family regarding their management. I was very impressed with how well they communicated with them and managed their expectations. Despite all these external pressures on doctors, and the strain from their workload, they remained patient and compassionate even during difficult discussions. I felt that they provided explanations tailored to the patient and their family and ensured that they had adequate understanding of the different options to make an informed decision. This is an important reminder for me regarding the importance of good communication with patients and their family in the provision of good care; To not get too caught up in completing jobs and treating the medical problem, and forget to care for their needs and expectations.