

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

**Tehran Heart Centre (THC) is located in the capital city of Iran. Tehran the capital city of Iran, has a population of 8.1 million, hosting more than 10% of the country's population. Therefore many of the patients seen come from different background of social class and health. THC is a university hospital associated with Tehran University of Medical Sciences, the top medical university in Iran. It's one of the biggest hospital in the country dedicated to cardiothoracic surgery and a centre for point of care for patients with myocardial infarction. It has a total of 600 inpatient beds, 28 beds ICU, three HDU wards, and 11 theatres dedicated to cardiothoracic surgery; this centre is one of the best-equipped diagnostic and therapeutic cardiology centres in the region.**

**Anaesthetics as a principle is practiced the same internationally. Therefore there were only a few differences, for example there weren't an anaesthetic room, and instead patients were taken directly to the theatre room and anaesthetised on the theatre bed. Furthermore from my experience at Southend Hospital and Royal London Hospital, medications that were drawn into syringes were labelled with pre-printed (with drug name) and colour coded stickers, this is a great system to reduce errors. However in THC the syringes were handwritten, though this is a minor difference in the long-term it can reduce human error. Also, the nurses and technicians in theatre were more qualified and trained than those in UK and therefore had more responsibilities.**

**Attending ICU the drug and observation charts were similar to those I've seen in UK, however in its past medical history section it included opium use. The use of opium is an endemic issue in Iran and common. In addition to opium use, amphetamine is used as recreational drugs. There has been a long struggle in public health campaigns to reduce drug misuse over the years, however the issue remains withstanding.**

**Previously, Iran was on an insurance based healthcare system. Insurance was provided by employers with a small fee taken from employee's salary. Three insurance companies were commonly used, those in private businesses will be under "Tamin Ejtmai", those working in governmental sector were under "Khadamte Ejtmai" and those in Army had their own insurance. In addition the majority of the insurances will still not cover 100% cost of treatment, and patients had to pay approximately 20% - 30% of inpatient cost or 30-70% of outpatient cost themselves. There is a private sector and governmental sector for healthcare; however even for governmental hospitals, fees were required. Since four years ago the government implemented a national health insurance, Salamat, for each Iranian citizen, meaning that even those unemployed have insurance. Prior to this inpatient care was expensive, and patients had to buy their prescribed medications independently and take it to the ward for nurses to administer, even in rare cases patients were required to pay for a better quality surgical equipment such as prosthetics. However after the Salamat insurance was implemented hospitals became responsible for all patient care from admission to discharge, and patients only had to pay approximately 6%-10% of the total cost. As a result there was a surge in elective surgeries. As there isn't a referral system as such in Iran, patients can straight consult a specialist and choose their doctor and hospital, therefore the role of GP is not seen as much in Iran, and a "family doctor" not really required other than for day to day illnesses.**

After a long discussion with Dr Najafi, I understood that the economical sanctions didn't directly affect the healthcare system in Iran. Medications were still being imported with international supervision; however it was the pharmaceutical companies that were withholding medications to create a bigger profit margin. Furthermore the result of the economical sanctions meant that cost of living was increased, whilst incomes remained the same, and the Iranian currency value was dropping, this meant that rather than treatments becoming expensive it was more of people can afford less therefore healthcare was expensive. Currently both in the governmental and private sector the health minister has released a capping for fees which is implemented in governmental sector and recommended in private sector, therefore costs are regulated and "affordable". It has been three years that economical sanctions were removed from Iran, and extra steps were not needed to import medical equipment and medications to Iran. However with the current USA politics new sanctions are being planned which could mean everything can change again.

I thoroughly enjoy anaesthetics as it has a variety of practical procedures, requires a detailed knowledge of general medicine, physiology, monitoring machinery, and pharmacology; this combination is what I enjoy most in medicine. As I speak Farsi it made the elective much easier as I can understand the conversation between staff and patients. However I personally found it difficult to speak Farsi in a professional manner and using medical terms. I am used to speaking Farsi with family in an informal way and this elective gave me the opportunity to develop my language skills.

I enjoyed my time at Tehran Heart Centre and it was a great opportunity to experience medicine in Iran. I hope that at some time in my career I will return to Iran as part of my training.