

ELECTIVE (SSC5b) REPORT (1200 words)

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

Objectives

- 1. To compare and contrast healthcare systems in Bahrain to that of the UK.**
- 2. To observe how the practice of anaesthesia, pain control and general surgery in Bahrain differs to UK practice**
- 3. To appreciate how a small foreign hospital must accommodate widely varied demands despite its limited capabilities, especially given that referral to tertiary centres as in the UK is not such a readily available or smooth process.**
- 4. To get involved with the practice of anaesthesia in a small hospital performing simple procedures in order to build my ability and confidence.**

I was very fortunate to have been accepted by American Mission Hospital (AMH) in Manama, Bahrain to work alongside the Anaesthesiology team. American Mission Hospital is a small medical centre made up of two sites. One is the primary care centre they have opened recently in a more residential area. Another is the main hospital site, in the capital city, which used to be the busiest part of the city and country, before the country started to reclaim land and build elsewhere. Now it remains in the older part of the city where a lot of apartment blocks and small businesses surround it. Overall I had an enjoyable time on my placement here, I was afforded a lot of time by the doctors for them to teach me and include me and I additionally was able to appreciate slight nuances in the differences of healthcare systems abroad.

Bahrain uses a healthcare system of government-run hospitals and private sector hospitals and general practices, similar to the UK. However in almost all instances the patient has to pay at least a small fee to gain access to healthcare. There is only 1 medical school on the island, so the sourcing of doctors largely comes from abroad. In my time in AMH, I saw most doctors hailed from surrounding nations, the Asian subcontinent and the Phillipines. This means there is a very large difference of nationality and culture working within the hospital staff. Fortunately, this also largely reflects the same patient population that the hospital accommodates to. Because of its location and competitive pricing it is ideal for the migrant population. However because it is quite small, it does not have an A&E that can accommodate major injury, nor is it fit to admit patients for complicated surgeries or procedures. For procedures that it deemed too complicated, they would call an ambulance and refer that patient onto a more capable facility.

The set up of AMH I would say also has many parallels to the British healthcare system. For instance they have their own primary healthcare centre. In the healthcare centre, they have doctors equivalent to GP's. Additionally they offer an abundance of other services such as nurse reviews, blood tests and chest x-rays. For the doctors as well, there were plenty of similarities. Anaesthetists and surgeons largely played the same role within the hospital as they do in the NHS regarding the expectations and boundaries of care for their patients.

Whilst the hospital operates under a non-profit setting, there is still a cost that the hospital charges all patients. Whilst the doctors themselves do not have to deal with this aspect, this is one big difference in

healthcare systems between the UK and Bahrain. In addition, whilst this was a small hospital, they did not accept any trainees. The hospital only employed doctors already fully practiced in their specialty. Additionally, one thing I noticed was that the hospital did not seem to be understaffed at all. There were only three operating rooms, however only 4 - 5 procedures happened each day. This meant that the surgeons and anaesthetists were largely never pushed for time, and often had 5-6 hours just waiting for any emergency procedure that the hospital could manage (e.g. appendicitis or lower segment caesarean section). This was very different to my time on surgical and anaesthetic rotations in the UK, where often staff are extremely busy and having to cancel procedures throughout the day as there isn't enough time.

In terms of my time on the anaesthesia rotation itself, I had a very enjoyable experience. There were only 4 anaesthetists in the hospital, however as stated previously they always had time. This meant there was a lot of time available to include me and teach me. All the equipment was explained to me, and this was very similar to equipment used in the UK as well. Anaesthetic induction was often through propofol and airway management protocol and equipment was nearly identical to the UK in its most basic aspect. There was no use of perhaps more modern equipment such as video laryngoscopy. The paperwork that the anaesthetists had to fill out during the procedures was by and large very similar to what needs to be filled out within the UK.

Due to insurance coverage issues, I was not able to perform a large amount of procedures however I was certainly included and able to assist in all of them, including general inductions, local anaesthesia and epidurals. The doctors were very welcoming and helped explain the anatomy and rationale behind their techniques and decisions. During my time I was also able to interact with many different patients, of differing cultures, backgrounds and religions. I was also able to see how doctors and patients would cope and tolerate being in Ramadan. I was able to appreciate a lot of diversity. I believe this adds further experience and therefore confidence for when I deal with patients and colleagues of differing backgrounds in the future.

Overall I had a very enjoyable and insightful experience in American Mission Hospital with the Anaesthesiology team. I was able to learn much about anaesthesia as well as understand the healthcare system and lifestyle better in a very small country in a completely different culture.