ELECTIVE (SSC5b) REPORT (1200 words)

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

Before undertaking this elective I knew that Israel was a centre of excellence for medicine and was expecting a high degree of tertiary care from the neurology team at the Hadassah Hospital. My expectations were met and exceeded. I was very impressed with the fact that nearly every major neurological condition was represented by a world-leading expert in the hospital. The demographics and prevalence of neurological disease largely match those of the UK and the western world. Stroke has the same risk factors regardless of location, and given the western-style diet and lifetstyle of the majority of Israelis, it is no surprise to find a similar stroke prevalence to that in the UK. The demographics of the population suffering with Multiple Scelrosis (MS) – the second most common neurodegenerative disease I came across, also matched those in the UK.

Treatment of neurodegenerative disease in Israel broadly correlates with that of the UK. Drug names are often those of US branding, but treatment protocols for MS, neuromyelitis optica (NMO), aseptic meningitis, Parkinson's disease and post stroke syndromes were all relatively familiar to me. Slight differences in terms of 1st vs 2nd line therapies between Israel and the UK were apparent, but these changes reflected individual doctor preference rather than national policy. One observation I made was the concentration of medical expertise in the Hadassah Medical centre. There were leading experts in almost all the most common neurological conditions present in the hospital. This meant that patients with rarer manifestations of many of neurodegenerative disease came to the hospital from many corners of the world (as well as Israel). Whilst of course there are many centres of excellence in Neurology in some of the leading UK hospitals, I had not observed it to such an extent as seen at the Hadassah.

Neurodegenerative disease enacts a long-term burden on both the individual and society as a whole. This impact is felt similarly in both Israel and the UK. Regarding a strategy for dealing with this burden, I spent the majority of my time with hospital in-patients. What I gathered from the conversations I had with them was a mixed holistic picture. Medically, neurodegenerative patients are treated similarly in Israel and the UK. Holistically, there are differences depending on the degree to which the individual is covered by their medical insurance plan. All Israelis must pay a minimum amount -a kupah - to one of four medical insurance companies. This entitles them to a basic level of care and access to specialists. However, this level of service can be improved (in terms of speed of access and access during more social hours) by paying for different levels of kupah. This in turn affects how well the burden of neurodegenerative disease is managed for the individual and their family. At the societal level, similar strategies are in place for Israel and the UK – including funding for research and adjustments to facilitate those with neurodegenerative disease in carrying out everyday tasks.

I enjoyed many different aspects of my placement at Hadassah. From a medical perspective I saw some fascinating neurological cases. One particularly memorable patient was suffering from a very rare condition – a spinal arteriovenous fistula. Following treatment (after several differentials had been excluded) the patient went from being unable to roll over in bed, to be being a able to move his legs again in just under a week. Another case typified the diagnostic challenges that lie at the core of a career in Neurology – a case of orbital pseudotumour presented with the more unusual finding of Horner's syndrome. A further clue to the localisation of the pathology came from a reduced corneal reflex. I had

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some thoughts on what and where the likely pathology was to be, and enjoyed discussing my findings with the medical team in the grand round. It gave me a chance to demonstrate my knowledge as well as observe the diagnostic process in leading experts. Another highlight of my time here was a movement disorders clinic. I soon realised that the doctor I was observing only saw particularly difficult patients who had been referred by other clinicians. Many of the cases were parkinsonian in nature, one was a post-stroke syndrome, and another presented with multiple co-morbidities, including Parkinson's, complex regional pain syndrome and bipolar disorder. All cases were highly complex and came with some times unsual presentations. I also got the opportunity to witness how deep brain stimulation could be utilised in a Parkinson's patient who had not responded optimally to pharmacological therapies. Overall it was a highly insightful experience.

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