ELECTIVE (SSC5b) REPORT (1200 words)

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

1 Healthcare provision in Israel and public health measures, compared with that of the UK

The state of Israel, founded in 1948, consists of a child and family-oriented society with universal child healthcare and free education for children up to grade 12. Amongst developed countries, it has a high fertility rate (2.92) and rapid growth rate (1.58%)(Rubin et al., 2018; Worldpopulationreview, 2018). The Israeli medical system was ranked the seventh most efficient healthcare system in the world by Bloomberg in 2014. The country enjoys an average lifespan of 82.05 years, with a healthcare expenditure of 7.8% of the Gross Domestic Product (GDP). This is in contrast to the United Kingdom, which has an average life expectancy of 81.60 years and a healthcare spending of 9.9% of the GDP.

Israel provides a universal healthcare system for its citizens that is funded via social health insurance. Under the National Health Insurance Law of 1995, all Israeli citizens are required to pay a percentage of their income every month to the National Insurance Institute and choose one of four HMOs designated by the government. It is required by law that the designated HMOs provide an identical basket of basic health services including consultations with doctors, prescriptions, radiological or laboratory investigations and hospitalisations, regardless of the individual's age, medical history or funds (Nefeshbnefesh, 2014). While the availability of services differs by location and not all healthcare services are included under the basic insurance plans, it is also possible for citizens to purchase supplementary insurance (Bituach Mashlim) to receive a wider coverage including dental and optical services. These supplementary insurance plans differ based on the HMOs. In contrast, the National Health Service (NHS) in the United Kingdom (UK) uses tax-based financing for its universal healthcare. Healthcare services in the UK are to be free at the point of need for residents, although there are exceptions like charges for prescriptions and dentistry services to residents without benefits and over the age of 16. There are also substantial private healthcare services available in the UK such as the British United Provident Association (BUPA) which people can choose to pay for. Similar to the case in Israel, benefits of private healthcare include shorter waiting times; however ultimately impacts on health outcomes remain debateable.

In terms of the actual delivery of healthcare and patient-doctor interaction, medical records in Israel are completely computerised as opposed to that of the UK, allowing for relatively easier retrieval of medical records especially while on ward rounds. Healthcare professionals in Israel also seem to value patient awareness and understanding highly, putting in time and effort into explaining diagnoses as well as treatment plans and therefore involving patients in patient care. Possibly owing to cultural differences, however, healthcare may take a more paternal approach in Israel where treatment plans are formed largely based on consultant choice and expertise.

Paediatrics in Israel is technologically advanced and stands out for its excellence, especially in the region of Middle East. It houses several unique features, including the fact that the main providers of primary care are paediatric specialists who have just completed their residency training, and that vaccinations and baby checks are funded by the government and carried out at family health centres (i.e. "Drop of Milk clinics) across the country (Tasher et al., 2018). In addition to having well-trained healthcare expertise in various paediatric specialties, there are many public healthcare services in the community that aim to prevent and address childhood morbidity and mortality. As a result, Israel

enjoys good maternal and child health, already achieving the developed regions' Sustainable Development Goal 2030 targets for maternal mortality, neonatal mortality, and mortality in children younger than 5 years in all population groups (Rubin et al., 2018).

Similar to most developed countries, health inequalities are amongst the major challenges faced by paediatric healthcare in Israel. Interestingly, there exists healthcare inequalities by race, where infant mortality was more than twice as high amongst Arabs as Jews in 2017, possibly owing to language and cultural barriers. The prevalence of such an inequality has prompted the Israeli Ministry of Health to set up a special division to address infant mortality amongst Bedouin Arabs specifically with measures such as moving more healthcare funds and investments to peripheral regions of Israel, as well as providing health information in multiple languages (Tasher et al., 2018).

2 Main paediatric presentations in Israel

In terms of paediatric surgery specifically, many admissions I had seen during the attachment at Assaf Harofeh Medical Center consisted of acute abdominal pain as a result of appendicitis or appendicular abscesses. Also commonly seen were inguinal and umbilical hernias. Neonatal presentations observed included a case of spontaneous intestinal perforation, anoplasty and pylorectomy to name a few. These presentations re largely reflective of Israel being a developed country with its people enjoying relatively good living conditions and prenatal to post natal care. While not observed during my time there, it was interesting to note there being a higher incidence of autosomal recessive genetic conditions as a result of people often marrying their close relatives.

3 Personal development

Overall, it was an eye-opening experience where I learnt to navigate a country I did not speak or read the main language of. I was grateful for the opportunity to challenge myself in various ways - it was my first time in the Middle East, which is a place both geographically and culturally quite different from the environments I was used to in London and in Singapore. It was difficult at first, Hebrew being quite a difficult language to learn and me not recognising road and hospital signs and not knowing how to even ask for help. Over time things got better as I learnt a few useful phrases and also because the community was very welcoming and helpful, both in and out of hospital.

I was able to observe a number of paediatric surgeries in addition to daily ward rounds and post-operative clinics, which were useful in learning about the longer term care for patients beyond the operating theatre. Doctors at the hospital often explained cases and consultations to me in English, which I was very grateful for. Patients themselves were welcoming and open to having students observing in clinics, which was very nice. As an introvert, I was challenged to step out of my comfort zone in being more outspoken in trying to overcome the language and cultural barrier. While still largely a work in progress, it was a good learning opportunity trying to converse more with body language and being more persistent in getting messages across with those who did not speak a common language.

4 Bibliography

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