

ELECTIVE (SSC5b) REPORT (1200 words)

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

I had a previous experience of movement disorders acquired from an SSC at Queen Square as well as many years of research undertaken with Barts Multiple Sclerosis Team. Having had a fantastic opportunity to undertake my elective at Institute of Neurosciences at Fundacion Favalaro in Buenos Aires I was surprised to discover that there were as many differences as there were similarities between the pattern of neurological conditions and the pattern of care in Buenos Aires and London.

To begin with the former, most patients I have seen in movimientos anormales clinics were male patients in their 60s-80s suffering from Parkinson's Disease. As expected, their main presentations were bradykinesia and resting tremor, however, as in London, many of them were also either cognitively impaired or suffering from depression or sleep disturbances (both of which are known to be common in Parkinson Disease). I saw a case of corticobasal degeneration, which I have not seen in London (where I experienced some cases of Progressive Supranuclear Palsy). The patient presenting with CBD looked surprisingly well, even though he has been suffering from the disease for at least 2 years. As expected though, he did not show any response to Levodopa. In contrast to London, I saw more paediatric cases of functional disorders (a striking example of which was a girl, who has been wheelchair bound for the past two years and the general consensus as that the background of the disease was purely psychosomatic)

When it comes to the MS cohort, unsurprisingly, most patients were young females in their 30s-40s presenting with optic neuritis as first presentation. This was similar to my London experience.

The provision of neurological care differed slightly between the two cities. First of all, the neurological examination in Buenos Aires seemed to be more general than focused and yet covering all domains ie motor, cognitive functions and sensation, whereas in London, from my limited experience, after a history which forms a basis of preliminary hypothesis, a clinician focuses solely on one or two domains. Secondly, the availability of drugs differs. In Argentina, there are many generic drugs, which makes it easier to provide some of the treatments (e.g. Fingolimod for MS, which has few generic equivalents), Levodopa for Parkinson's Disease is as widely used as in the UK. There are, however, some striking differences. In London I have already seen many patients with Primary Progressive Multiple Sclerosis being placed on Ocrelizumab, whereas in Buenos Aires we had a first patient placed on it a few days ago. The same was true of monoclonal antibodies such as Alemtuzumab for Relapsing Remitting Multiple Sclerosis, which is quite readily available in the UK (providing the patient satisfies the NICE criteria) and yet seems to be quite difficult to obtain here in Argentina. Obviously, this experience was further skewed at Queen Square where patients with movement disorders, such as Parkinson Disease had a wide umbrella of care, not only doctor-oriented but also social and nurse-led, including specialist nurses.

One of my other objectives included gaining an insight into readiness of provision of neurological care to different patient groups and to observe the similarities and differences in terms of medication provision. I touched upon the latter in the previous paragraphs, however the former objective warrants a wider and more detailed account.

In the UK the patients are fortunate to have a universal access to NHS and even if they get diagnosed with a chronic condition, such as Parkinson Disease or Multiple Sclerosis in a private clinic, most of the time, they end up being heralded back into the NHS and having their medication paid for by NHS as well.

In Argentina the provision of healthcare is much more complicated. It is organised around three main domains. There is a public sector, available freely to everyone. The hospitals, however, do not offer standards that are readily available by the public hospitals (to witness it myself I did one guardia de la noche i.e. night on call in a hospital in the province, where I even saw a rat freely running through the hospital corridors and the wards were shared between psychiatric patients and road-traffic accident victims, which, as one could imagine, created a mayhem. The other healthcare provider is centered around mutual or social plans i.e. IOMA or PAMI for the elderly and the third one is a private sector, where the patients meet the total cost of their healthcare (or have it deducted from their salary). Fundacion Favaloro, at which I was based, was covered by the two of the latter. As aforementioned, it was astonishingly well equipped. I was also astounded to discover how many transplants take place there (including the patient I saw with limbic encephalitis which ensued after being placed on Rituximab for a bipulomnar and liver transplant for his cystic fibrosis). Last but not least, as already alluded to, the difference is also in the package of care offered to the patient. Even private patients in Argentina do not have the access to the whole package of care we offer to patients with chronic neurological conditions in the UK, such as Occupational Health and Specialist Nurse, who is always available to answer any questions. Interestingly enough, when it comes to the latter issue, the doctors in Argentin readily provide their private numbers so that they are easily reachable by their patients in case of them having any urgent questions or worries.

Last but not least, my personal objectives involved honing my neurological skills, learning Spanish to a sufficient degree to communicate with patients and to take a full part in activities offered by my team. I am pleased to say that I have fulfilled all of those. I did hone my neurological skills and learnt different techniques of eliciting reflexes or assessing for bradykinesia. I did learn Spanish and even though when I landed in Buenos Aires I could not even ask for directions to my airbnb, at the end of my stay there I was taking clinical histories and chatting with the patients about their recent holidays in Mexico. I took part in all activities offered by my wonderful team by attending as many clinics as I could, morning meetings, assisting in lumbar punctures and even offering to do my own presentation for NeuroFavachussets (an equivalent of Massachussets New England Journal of Medicine club).

All in all, I could not have chosen a better place for my elective and I am thoroughly grateful for all the experience I received. I am certain it will (and would have done so already) enrichen me not only as a doctor but also as a person.