

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

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

### **What are the prevalent spinal conditions in Hong Kong? How do they differ from those in the UK?**

It is estimated around 80% of people will experience back pain at some point, and a study in 2010 has shown that lower back pain is the leading cause of disability globally(1,2). Neck pain is also a very common condition, affecting up to two thirds of the global population at some point in their lives(3).

I was unable to find any up-to-date statistics regarding the distribution of the most common types of spinal conditions in Hong Kong or the UK specifically. However, as is with the UK and the rest of the world, it is common to see certain conditions in Hong Kong, such as mechanical back pain, myelopathy, radiculopathy, amongst many others, many of which occur as a result of osteoporosis, osteoarthritis of the spine (spondylosis), disc herniation, spinal stenosis and degenerative disc disease. These conditions are related to increasing age, occupational risk factors ranging from heavy manual lifting to poor office ergonomics, obesity, sedentary lifestyles, lack of exercise, poor posture and pregnancy.

Compared to the UK, it is also more common for patients to suffer from ossification of posterior longitudinal ligament (OPLL), resulting in cervical myelopathy. OPLL is a condition that is mostly seen in the Asian population, and so I feel fortunate to have been able to see this, as it is less likely for me to see it in the UK. Other causes of back pain include inflammatory conditions such as ankylosing spondylitis, and certain deformities such as scoliosis. Overall, despite a difference in ethnic backgrounds, the variety of back pain presentations are very similar between the two countries, as are the causes, pathogeneses and prognoses.

### **How are spinal services (clinical and surgical) organised and delivered in Hong Kong? How do they differ from those in the UK?**

Hong Kong healthcare is split into public and private systems, similar to the UK, however, the private sector plays a much more prominent role in Hong Kong. Unlike the UK, where there is much more dependence on the public health system (the NHS), many patients in Hong Kong opt for private medical care despite the significantly higher prices. A 2014 study has shown that around 11% of the UK population have private medical insurance(4), compared to Hong Kong, where over one third (34%) of Hong Kong's entire population has private medical insurance(5). Seeing as the private sector is much more prominent in Hong Kong compared to the UK, many patients will directly consult specialists in the private sector if they can afford to do so, and they will then be recommended some form of imaging and treatment if necessary e.g. physiotherapy, medications, surgery. This entire process may be able to take place within a few weeks. However, this can be quite expensive, especially if surgery is indicated, and so patients may choose to receive treatment in the public system instead.

The public system in Hong Kong is similar to the NHS, where a patient will present to A&E or a general medical ward, and be referred to a certain specialty e.g. Orthopaedics and Traumatology. However, the waiting list to receive specialist treatment that are not life-threatening or urgent are very long. The Hong Kong Hospital Authority has published estimated waiting times for specialist out-patient services, and states that waiting times for stable or non-urgent Orthopaedics and Traumatology cases can range from 87 weeks to 176 weeks, depending on where the patient is based and which area their hospital is in(6). In addition, queues for non-urgent imaging are also extremely long, so patients may consider having their imaging done privately before going to the public sector for treatment.

## **The concept and perceived significance of patient education and self-management in the management of spinal injuries, and how this differs from the UK.**

Since back pain usually results from modifiable risk factors (other than age), it is essential that patients be taught how to prevent back pain, or at least prevent the progression of their back pain. The doctors I shadowed in the clinic always stress the importance of self-management, such as heat therapy, stretching exercises, and core strengthening exercises, and will teach patients how to do such exercises to try and minimise their discomfort.

Many patients will also try chiropractic spine manipulation and Traditional Chinese Medicine acupuncture or massage initially before consulting doctors as a form of self-management. These methods are less popular in the UK, and they are seen as alternative medical practices that some may turn to if their pain is not managed or improved by medication or surgery.

An integral part of treating spinal injuries conservatively consists of physiotherapy, which includes teaching patients to do certain exercises to maintain or increase mobility, flexibility, strength and therefore functionality. However, many of these exercises are actually most effective when one performs them regularly at home, seeing as the aforementioned goals take time and consistency to develop. However, while many patients are unable to find time to perform these exercises, there are many who are also not aware that they are required to do the exercises at home, or feel that performing these exercises during the session is sufficient enough to cure their pain. This seems to be the case from what I've seen in both Hong Kong and the UK.

In the UK, there is a charity, BackCare, dedicated to patient affected by neck and back pain, and they host an annual Back Care Awareness Week. However, this is not very well-known, especially compared to other events such as "Movember" for testicular and prostate cancer or Breast Cancer Awareness Month. In my experience, over the years of attaching to GP and hospital placements, I have also not come across many efforts to promote awareness and the importance of patient education or self-management for back pain, as opposed to other conditions such as diabetes, hypertension, smoking cessation etc. As a result, I believe that both the UK and Hong Kong could benefit from health promotion and awareness regarding back pain and spinal health.

## **The difficulties of the language barrier in an increasingly multilingual environment (Cantonese, English, and now increasingly, Mandarin) when it comes to communicating with not only patients but also fellow colleagues and other medical professionals, and how to overcome them.**

Hong Kong is an increasingly multilingual environment, from the growing number of expats that are residing here, to many locals having studied or worked overseas before returning. Seeing as all primary and secondary schools now teach both English as well as Chinese, and medical schools in Hong Kong are also officially taught in English, many of the local doctors, especially those of younger generations, can communicate in both English as well as Cantonese. However, for foreign or overseas doctors to come work in Hong Kong, more so in the public sector, Cantonese is usually required for interaction with patients, in particular those of older generations or from financially underprivileged backgrounds without any English education. As a result, most medical documents, such as information leaflets, questionnaires, and consent forms are usually available in both English and Chinese.

In recent years, increasing number of people from mainland China have also come to Hong Kong to seek medical treatment, and their spoken dialect is mainly Mandarin rather than Cantonese. Although the dialects have some similarities, doctors are now also expected to be able to communicate in basic Mandarin in order to accommodate these patients. Even if one experiences difficulty in communicating verbally, the written Chinese language can easily be translated between the traditional and simplified versions, and so it is possible to communicate through writing.

Since these three are the main languages spoken in Hong Kong, and most people have a firm grasp of usually one or two out of the three languages, a translator is usually not required. However, in the UK, translators of many languages may be required in order to communicate between doctors and patients. These languages are usually South Asian, such as Bengali and Gujarati, as well as Eastern European, such as Lithuanian and Polish.

1. [http://www.who.int/medicines/areas/priority\\_medicines/Ch6\\_24LBP.pdf](http://www.who.int/medicines/areas/priority_medicines/Ch6_24LBP.pdf)
2. <https://www.medscape.org/viewarticle/825885>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1819511/>
4. <https://www.kingsfund.org.uk/sites/default/files/media/commission-appendix-uk-private-health-market.pdf>
5. [https://www.myhealthmychoice.gov.hk/pdf/appendixB\\_eng.pdf](https://www.myhealthmychoice.gov.hk/pdf/appendixB_eng.pdf)
6. [http://ha.org.hk/visitor/sopc\\_waiting\\_time.asp?id=5&lang=ENG](http://ha.org.hk/visitor/sopc_waiting_time.asp?id=5&lang=ENG)