

ELECTIVE (SSC5b) REPORT (1200 words)

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

What is the prevalence of breast cancer, as well as the distribution in types of breast cancer, in Hong Kong? How do they differ from those in the UK?

When starting this elective, I knew that breast cancer was the most common cancer in females globally, and I wanted to explore its prevalence and nature in Hong Kong. I was fortunate enough to spend time at the Hong Kong Breast Cancer Foundation centres, and while I was there, I learnt about the statistics (as of February 2018) regarding breast cancer locally:

As is with the rest of the world, breast cancer is the most common cancer in females in Hong Kong(1), and is the thirteenth most common cause of death from cancer in Hong Kong females(2) (after lung cancer and colorectal cancer). The incidence rate of breast cancer in Hong Kong has doubled in the last ten years, and has almost tripled over the past twenty years(1). Approximately 1 in 16 women develop breast cancer once in her lifetime (1). Unfortunately, I was unable to locate any statistics regarding distribution in types of breast cancer in Hong Kong.

The risk factors for developing breast cancer are similar to those in the UK, and they include: sedentary lifestyle, never having breastfed, increasing age, high-stress lifestyles, and more. Family history of breast cancer, especially in first-degree relatives, does increase one's risk of developing breast cancer, however, majority of cases of patients with breast cancer do not have a family history of it, nor do they possess the faulty genes associated with breast cancer e.g. BRCA1, BRCA2 etc. In Hong Kong, 15% of breast cancer patients have family history of breast cancer, while in the UK, this number ranges from 6-19%. (3)

How are radiological services organised and delivered in Hong Kong? How do they differ from those in the UK?

In terms of general radiological services, I was fortunate enough to visit the radiology department of Prince of Wales Hospital in Hong Kong, and witnessed all the different types of scanning that take place there. In the public sector, patients are referred for a scan based on clinical indications e.g. signs and symptoms, abnormal blood results (as is in the UK), and patients then wait for a letter informing them of an available date and time for their scan. I learned that waiting times can be long, especially for MRI scans where the scans themselves take longer to perform, and that the waiting time for a standard, non-urgent MRI scan is around 28 months on average. As a result, many patients will decide to opt for private radiological services, where these scans can occur within days at a cost, and if they can afford it, will usually opt for management, including both pharmacological and surgical treatment, in the private sector. However, it is not uncommon for patients to opt for radiological and other diagnostic workup services in the private sector, and then return to the public sector for treatment. This method is considerably less expensive, and patients experience shortening waiting times for treatment once they have a confirmed diagnosis.

Unlike the UK, where there is a "two week wait" rule in the NHS for suspected malignancy, there is unfortunately no such rule in Hong Kong, seeing as the queue for radiological imaging is so long. The quickest wait for patients with suspected malignancy or other urgent scans may take at least 4-6 weeks in the public sector, unless their condition was life-threatening e.g. sudden onset of cauda equina syndrome. Therefore, many patients referred for mammograms or breast ultrasound scans with suspected malignancy of the breast will opt for private clinics, such as the one I am currently attached to, to provide these services.

The concept, perceived significance, and efforts of promoting Women's Health in Hong Kong, and how this compares with those in the UK.

Unlike the UK, where there is a nation-wide breast screening programme for women to have mammograms every three years between the ages of 50 to 70 (more frequently for those who are at high risk), breast screening is only offered in private sectors and by non-government organisations in Hong Kong. These can be expensive (the equivalent of a few hundred pounds in the UK), and so many women may not opt for regular screening until they become symptomatic, resulting in substantially delayed diagnosis and therefore treatment.

The Hong Kong Breast Cancer Foundation (HKBCF), a non-profit organisation founded in 2005, aims to help promote breast cancer awareness, advocate for better breast cancer care, as well as support breast cancer patients(1). It does so by providing breast screening at a lower price (or free of charge for individuals from financially underprivileged backgrounds), financial aid for drug treatment, counselling services and support groups for both patients and their family members, programmes for free wigs, bandages, prosthetic bras, lymphoedema self-care, amongst other services(1). They try to promote breast cancer awareness by holding annual fundraising events and regular charity events, and teach the importance of regular self-examination to all patients that attend their one-stop screening service. The HKBCF also has its own research centre dedicated to collecting data and providing analyses and statistics of breast cancer cases in Hong Kong.

In the UK, there are multiple charities such as Breast Cancer UK and Breast Cancer Care dedicated to conducting research and providing information on breast cancer, promoting breast health, and campaigning for better breast cancer care. Other cancer charities like Cancer Research UK and MacMillan Cancer Support also provide information and research on breast cancer amongst other cancers. This combined with the implemented national screening programme has resulted in increased exposure and awareness of breast cancer and breast health to the general public.

To compare the nature of the doctor-patient relationship between doctors and patients in Hong Kong, and to those in the UK.

Having shadowed multiple doctors in both public and private sectors over the years in Hong Kong, I note a significant difference in the doctor-patient relationship between Hong Kong and the UK. While in the UK, there is more focus on communication skills, building rapport with the patient and respecting a patient's autonomy, the doctor-patient relationship in Hong Kong is much more paternalistic, especially in the public sector. This is partially due to education backgrounds of certain patients one may encounter, especially in the public sector, but also due to the heavy workload of doctors, both in the public and private sectors, and the perceived higher social class that doctors are in, especially in the private sector.

Unlike in the UK, there is no general 10-minute rule when it comes to medical consultations in Hong Kong. Over my years of shadowing doctors in Hong Kong, I have witnessed a single doctor see over 40 patients in under 3 hours in clinics. In this particular case, it was a routine monitoring/follow-up Hepatitis B clinic, seeing as there is a huge population of patients with Hepatitis B in Hong Kong that require regular blood tests, liver ultrasound scans and monitoring. Due to the large number of patients this doctor had to see, and due to morning clinics having overrun until after lunchtime, I met many patients who waited for several hours, only to see the doctor for literally less than one minute. As one can imagine, there isn't much time to build rapport with a patient as well as give them pertinent information in 45-50 seconds. However, members of the public generally accept that doctors are overworked, both in the public and private sectors, and so do not generally complain about the lack of face time.

1. <https://www.hkbcf.org/>
2. <https://www.chp.gov.hk/en/healthtopics/content/25/53.html>
3. <https://www.ncbi.nlm.nih.gov/books/NBK259210/>

ELECTIVE (SSC5b) REFLECTION

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future. (Please complete the sections below).

Was it what you expected?