

ELECTIVE (SSC5b) REPORT (1200 words)

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

I spent three weeks at the Gozo General Hospital situated at Gozo, an island part of the Maltese archipelago. Gozo is very small, at 67km², and has a population of about 37,000 people (1). It is situated North West to the bigger sister island: Malta. They are relatively well-linked with ferries leaving the island every hour. Healthcare-wise, Malta is known for its well-designed public and private healthcare system and is now being recognised for medical tourism around Europe and the Mediterranean (2).

The Maltese healthcare system, and especially the healthcare system I witnessed in Gozo, is very similar to the National Health Service found in the UK. The system is organised similarly with primary healthcare being handled by General practitioner who have at their disposal a referral service linking patients to specialist doctors at the Gozo General Hospital. Any further tertiary care which is required is referred to the Mater Dei Hospital in Malta. The healthcare system is funded similarly as it is in the UK, with taxation and National Insurance - meaning that it is free at the point of care. The provision of free healthcare in Malta goes back to the 16th century, where the poor were given free food and medications (3). Under the rule of the British, Physicians for the Poor were appointed in all major institutions and had as role to treat patients who qualified for Medical Aid. It was in 1980 that the government introduced free healthcare services for all. Therefore, currently, the state sponsors all major health centres including General Practitioner (GP) services, specialist and paramedical services (including dental care, acupuncture, psychology clinic etc.), investigative services, preventive medicine and community healthcare which includes domiciliary nursing and school health services (4). The GP service is considered as the backbone of the healthcare system and is available on a 24 hour basis across health centres in Malta. In Gozo, due to a shortage of staff, the health centres have GPs available between 8am to 5pm on weekdays and 8am to 1 pm on Saturday. The private primary healthcare service is also quite prominent in Malta and Gozo, as opposed to the UK where it is rare to see private GPs work on a solo basis in private rooms.

Since healthcare has been made free, the health status indicators in Malta have improved vastly. In 1977, the life expectancy in Malta was at 72.7 years old and in 2015, it was at 81.95 years old (5). Compared to other countries worldwide, Malta ranks well and has better life expectancy than developed countries like the United Kingdom, Finland and is closely behind countries such as Germany and Norway. This should not surprise us, however, as Malta is categorised as being a developed high-income country and is classed together with countries such as Australia, Luxembourg, New Zealand and the United States (6).

I was interested to see how the cause of death changes across the demographical age groups. In Malta, today, the main cause of death under 65 years old are due to cardiovascular diseases, cancer and external injuries, and in those older than 65 years old, the most common cause of death is cardiovascular disease although this has dramatically reduced from 612 per 100 000 population in 1971 to 331 per 100 000 in 1996 (4). In an attempt to understand those statistics, it is important to look at how the Maltese lifestyle has changed over the years. According to the Department of Health, in 2012, approximately 24% of girls and 19% of boys were obese (7). If we look for more recent data, according to the International Diabetes Federation, in 2017, 13.2% of the adult population was found to be diabetic, making Malta one of the countries with the highest prevalence of diabetes seen in the EU (8)

There has also been a rise in tobacco sale over the last years, with about 1038 sold per person in 1980, and 3627 in 1999 (4). To compare this with the rest of Europe, the EU average in 1999 was 1602 per person. This rise in tobacco consumption is often attributed to the rise in tourism (which was about 1.2 million in 1999 making it about three times the size of the Maltese population at the time). Many of those lifestyle choices, however, can be used to explain the importance of cardiovascular disease in the Maltese population.

The Gozo General Hospital, hence, receives many elderly patients with chronic diseases. The hospital, however, also takes care of several patients with lung pathologies related to occupational asbestosis exposure. This can be explained by the mass migration of Gozitans that happened in the 1960s to Australia, where many manual workers had to handle or work with blue asbestos. As the migrant population is returning back to Gozo for retirement, the island is seeing an increase in asbestos-related pathologies. Unfortunately, data regarding Asbestosis pathology in Gozo is scarce and it is hard to quantify the increase.

When it comes to acute care, the Gozo General Hospital is one of two acute care centres in the Maltese archipelago (9). Whilst the Gozo General Hospital is a relatively smaller hospital, compared to the Mater Dei Hospital on the main island, it is still very well equipped. The hospital even has a small ICU unit allowing it to take care of patients who have deteriorated. Referrals are made to Mater Dei for those who require further specialist treatment, and this can be done by ambulance or by helicopter. The way acute care is managed in Gozo is very similar to the way it is done in the UK, with the only difference being that the A&E at the Gozo General Hospital tends to be less busy. Due to the well organised primary healthcare clinic available in the centre of the main village, the A&E is available to care for only the most acute cases. The UK's primary health system, however, is limited to GP surgeries which often means patients only get appointments after several days or even weeks, making the A&E the first call for medical help for many patients, even for non-acute presentations. This can, at times, saturate the service.

Overall, the healthcare system in Malta and Gozo is very comprehensive, equitable and covers much ground. As there are currently plans to expand the Gozo General Hospital, it will be interesting to see how much more can be incorporated on the island and what changes can be done to the healthcare.

Bibliography

- 1. National Statistics Office. Gozo in Figures. Valetta, Malta : s.n., 2015. p. 50.**
- 2. A sustainable healthcare system for Malta and Gozo. George, Fenech. Univerity of Malta, Department of Public Policy, Malta : s.n., 2016, Faculty of Economics, Management and Accountancy.**
- 3. Primary helath care services in Malta: Provision, uilisation and reform. Sammut, Mario R. 4, 2000, Journal of Malta College of Family Doctors, Vol. 19.**
- 4. WHO. Highlights on Health in Malta. 2001.**
- 5. World Bank Group. Life expectancy at birth. [Online] 2018. [Cited: June 2, 2018.] <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=MT>.**
- 6. UN. Country Classification. [Online] 2014. [Cited: June 2, 2018.] http://www.un.org/en/development/desa/policy/wesp/wesp_current/2014wesp_country_classification.pdf.**
- 7. Department of Health Information. The health of the Maltese nation. Valetta : Government of Malta, 2000.**
- 8. International Department of Diabetes. Malta. [Online] 2018. [Cited: June 2, 2018.] <https://www.idf.org/our-network/regions-members/europe/members/149-malta.html>.**
- 9. Government of Malta. Gozo General Hospital. [Online] 2017. [Cited: June 2, 2018.] <http://deputyprimeminister.gov.mt/en/ggh/Pages/Home.aspx>.**