

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

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

**During my time at Singapore General Hospital, I spent a week in acute care surgery and a week in vascular surgery. Acute care surgery (ACS) is a relatively new division in the hospital. The ACS team focuses solely on acute surgical cases requiring urgent treatment, freeing up other general surgeons to focus on elective surgery. The prevalent conditions requiring ACS in Singapore did not appear to differ much from the UK. Common conditions I came across included appendicitis, acute cholecystitis, cholangitis, abscesses and GI bleeds. I saw many patients with these conditions whilst on my surgical rotations in the UK too. One difference perhaps is in the etiology of acute pancreatitis. Both cases of acute pancreatitis I came across in Singapore were attributed to gallstones rather than alcohol, which is a common cause of acute pancreatitis alongside gallstones in the UK. This was coherent with my previous clinical experience in Singapore, when I learnt that viral hepatitis was the most common cause of chronic liver disease compared to alcoholic hepatitis in the UK. Alcohol abuse is not as prevalent in Singapore as it is in the UK.**

**Whilst acute surgical conditions are similar between Singapore and the UK, conditions I saw in vascular surgery differed significantly. In the UK, carotid endarterectomies for carotid artery stenosis and aneurysm repairs are common procedures. In Singapore, these are less common due to differences in epidemiology. As such, vascular surgeons in Singapore have to travel overseas where there is a higher burden of carotid artery stenosis and aneurysms to train and gain competency in these procedures.**

**Instead of carotid endarterectomies and aneurysm repairs, vascular surgeons in Singapore spend much of their time dealing with renal patients, specifically patients requiring hemodialysis or peritoneal dialysis. These surgeons undertake the creation and care of AV fistulas and AV grafts as well as the insertion of Tenckhoff catheters. In Singapore, dialysis is the more prevalent form of renal replacement therapy compared to renal transplant in the UK. A number of factors contribute to this. These include the high quality and availability of dialysis centers in Singapore compared to the UK, which instead has more established renal transplant centers. Cultural factors may also play a role in the preference and availability of dialysis over organ transplant in Singapore.**

**These differences aside, there are common conditions in vascular surgery shared between Singapore and the UK. These include peripheral vascular disease, both arterial and venous. Percutaneous angioplasty and arterial bypass for peripheral arterial disease, and vein stripping and endovascular procedures for chronic venous insufficiency are common in both the UK and in Singapore.**

**As a Singaporean studying medicine in the UK, I am no stranger to both healthcare systems. The National Health Service (NHS) is free for patients at the point of contact and the main provider of healthcare in the UK. Private healthcare in the UK is not well-established or subscribed to. In contrast, public healthcare in Singapore is only partially subsidized. Within public hospitals themselves, there are different tiers or classes patients can opt for during an in-patient stay. Higher classes cost more. The actual quality of medical care does not differ between classes but the difference, rather, lies in comfort and privacy. The private healthcare system in Singapore is also more well-established. It is a viable and widely-accessible alternative to public healthcare for many Singaporeans.**

There are pros and cons to the healthcare systems in Singapore and in the UK. In Singapore, waiting times in some respects are shorter, there is a wider range of healthcare choices for patients, and things seem to move along more efficiently. For instance, it is not uncommon for relatively stable patients with acute surgical conditions such as appendicitis and cholecystitis to undergo surgery overnight in Singapore. This is in contrast to the UK where such patients often have to wait till the following day for surgery due to the lack of staff support at night. Majority of the public hospitals in Singapore have also invested in electronic patient records whilst hospitals in the UK remains largely reliant on paper notes. These electronic patient records are easily accessible and make looking up previous entries and test results, documentation, and prescribing a lot quicker and more convenient. Illegible handwriting is also less of an issue. The downsides are concerns over patient confidentiality and an increased ease in making mistakes such as documentation in the notes of the wrong patient.

With regards to the financing of healthcare, I believe that patients having to pay for their own healthcare instills a sense of ownership of one's health and encourages them to value their healthcare choices. On the other hand, I have also come to appreciate the financial burden the NHS relieves patients of. During my 2 weeks at SGH, I noticed more so than before how the cost of healthcare was an added concern to many patients. Having to pay for one's healthcare can also make for an untimely conversation, such as when a patient had to be admitted from clinic and was worried about her condition. A nurse came in to ask which class of ward she wanted to be admitted to, to which her husband replied if they could make the decision later as they were still struggling to process her need for admission without the added concern of financial cost. However, in order to facilitate a prompt admission, they had to consider their finances and make a decision there and then. As such, by providing free healthcare, the NHS eases the financial worries of patients amidst the physical, emotional and mental struggles that come with being ill, and enables them to focus on dealing with these struggles.

During my week with the ACS team, I had the opportunity of shadowing and helping junior doctors on the team. Fresh from completing my student assistantship in London, I noticed that the principles of being a house officer/F1 were very similar. However, the means can be quite different. For instance, there is no bleep system in Singapore for doctors to contact one another. Instead, calls are made directly to personal handphone numbers. Referrals can also be done electronically in Singapore, rather than over the phone. Furthermore, there were differences in common drugs prescribed. In the UK, older non-steroidal anti-inflammatory drugs, such as ibuprofen, are commonly prescribed for moderate to severe pain. In contrast, coxibs appear to have replaced such NSAIDs in Singapore with etoricoxib being the drug of choice. Drugs also tend to be discussed by brand name rather than generics. These differences were insightful and useful for me to experience before I begin work in September.

Finally, while I am leaning towards a career in internal medicine, I have found my surgical rotations enjoyable, stimulating and engaging. This elective was no exception. However, witnessing the sacrifices senior surgeons in Singapore have to make despite being advanced in their careers, I remain wary about pursuing surgery. Nevertheless, I remain open to the idea of it.