

## **ELECTIVE (SSC5a) REPORT (1200 words)**

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

### **To understand the common disease presentations in Obstetrics and Gynaecology and how does this differ to global health trends in general.**

Is general, the conditions that presented to the Obstetrics & Gynaecology wards and clinics were similar to those that I witnessed previously in the United Kingdom. In Obstetrics, inpatient presentations commonly seen was women presenting for vaginal delivery after onset of contractions, induction of labour, operative vaginal delivery such as forceps and Caesarean Sections. I also witnessed complications of labour, both natural and surgical deliveries, such as premature rupture of membranes, chorioamnionitis, perineal tears, retained placenta and post-partum haemorrhage. I was also able to learn more about common pregnancy complications such as miscarriages, early and late antepartum haemorrhage, hypertension and pre-eclampsia, multiple pregnancies, and abnormal presentations such as breech or transverse and oblique lie. There were however some stark differences to what I'd previously seen in the United Kingdom. One such example is that of the higher rates of C-Section in Greece. C-Section rates have been increasing worldwide in recent years despite warnings from the World Health Organisation (WHO) regarding the risks to the mother and neonate (1). WHO recommends that an appropriate C Section rate is 10-15% (1). Whilst the American rate of C-Section is 30% and in Europe the average is 25%, Greece has a C-Section rate of 50%-65% (1,2), one of the highest rates worldwide (3). Studies have suggested that this extreme difference may be partially due financial incentives and perceived convenience (2). Indeed, Caesarean Section rates have increased alongside the commercialisation of obstetrics services in Greece. Unlike the NHS, Greece's public health system is funded partially by the state and partially by the private sector (1). Furthermore, the private sector in Greece is significantly more popular than the private sector in the UK. Another factor often cited in the literature is fact that Greek healthcare is 'medical-oriented' and thus the gynaecologist to midwife ratio is very high. This is at odds to the NHS, where the majority of maternity services are handled by Midwives and Doctors are called for more complex cases. In my experience in Greece, maternity services indeed seemed to be predominantly led by obstetricians.

In Gynaecology theatres I commonly saw patients with Endometriosis, Adenomyosis Ovarian cysts, termination of pregnancy, pelvic organ prolapse and cancer. In outpatients HPV infections and subsequent CIN was often seen. The prevalence of HPV in the Greek population was another stark difference in what I had previously experienced in the UK. The worldwide average prevalence of HPV infections without cervical abnormalities in female patients is 11-12% but in Greece, this is estimated to range from 22.7-33.1% (4). Sadly, this is likely to be partially due to suboptimal vaccination rates of the prophylactic HPV vaccination, estimated to be from 11-40% (4,5)

### **To determine the structure and provision of Women's Health services in Greece in comparison to the United Kingdom and the effect this may have on respective patient outcomes.**

As discussed previously, Greek healthcare is compromised by a National Health Service (NHS), a social insurance that is compulsory and private health insurance that is voluntary. Unfortunately, Greece's NHS is strikingly similar to the UK NHS in terms of its shortcomings. Namely, limited financial resources, shortages in beds and staff as well as system decentralisation and fragmentation (6). Interestingly, the bed crisis in Greece is not as dire as in the UK, at 4.2 per 1000 of the population versus 2.4 in the UK (7). Apart from an

increased cohesion with the private sector, Obstetrics & Gynaecology Services in Greece were very similar to the system in the UK. The hospital has an Obstetrics and a Gynaecology ward as well as outpatient clinics for the former and latter. Notably, the hospital offered an impressive array of subspecialties, including Laparoscopy and Hysteroscopy Surgical services, Gynaecological Oncology, Urogynaecology and Reconstructive Pelvic Floor Services, Fetal Medicine and Fertility Services and Paediatric Gynaecology. Through this, the hospital is able to provide gold standard care in Women's Health through all ages (childhood, adolescence, reproductive age, menopause).

### **To understand how COVID 19 has affected the provision of obstetrics and gynaecology services as well as how doctors manage patient attitudes towards public health issues such as COVID-19 vaccinations and ethically complex scenarios such as provision of abortion care.**

Greece, as with virtually every country across the world, was and continues to be deeply impacted by the COVID-19 pandemic. In comparing my two native countries, I believe Greece was able to combat the pandemic to a greater degree than the UK. Greece applied lockdown policies more stringently and earlier than most countries (8) and had a low case fatality ratio compared to other Mediterranean countries such as Italy, Spain or Turkey (8). Another advantage is that in general, most surgeries were not halted in Greece during the pandemic (9), at a contrast to the UK which is now facing record number of patients waiting for vital elective surgeries (10). Anecdotally, another crucial factor to Greece's relative success in comparison to the UK was the population's adherence to COVID-19 measures. For example anecdotally, the Greek population seemed to have a much bigger sense of social responsibility and almost everyone wore masks in indoors and in public places, at contrast to the UK. One unfortunate issue that Greece faces in respect to the ongoing management of COVID-19 is that of vaccine hesitancy. Studies have suggested that almost 50% of the adult population was hesitant to get the vaccine (11). Unfortunately, vaccine hesitancy in Greece is not limited to COVID-19 and is increasingly becoming widespread. Indeed, it is believed that pregnant mothers are also increasingly becoming more hesitant regarding their children's vaccination schedule and as previously discussed there is extensive scepticism regarding the HPV vaccine also.

Another notable difference between the two health systems of Greece and the UK was abortion care beliefs and behaviours. Greece continues to have one of the highest termination of pregnancy rates across Europe alongside significantly low contraception use (12). After spending time in Greece and researching this issue, I determined multiple factors that play a role. Sex education in Greek schools is practically non-existent, creating a significant barrier to female patients making evidence based choices (12). This, is paired with a society that unfortunately still attaches moral value on sexual behaviour and thus surrounds the issue with stigmatisation and stereotyping (12). Furthermore, patients have very limited access family planning services at a primary care level and as mentioned previously Greece, has concerningly low levels of contraception use. Compared to 30-40% in Western Europe, only 2-3% of women in Greece use the contraceptive pill and 4-10% the IUD, making contraception usage rates in Greece one of the lowest in Europe (12).

### **To gain confidence in carrying out gynaecological examinations and taking patient histories regarding potentially complex issues that are prevalent in women's health**

Through this experience I feel I have amassed a significantly deeper understanding of the wider specialty. It has also cemented my passion for Obstetrics & Gynaecology and I hope to utilise the skills I have gained during my future career as a clinician.

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