

ELECTIVE (SSC5a) REPORT (1200 words)

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

After 3 weeks of placement in Obstetrics and Gynaecology in a private hospital in Kuwait I have gained much knowledge about healthcare in Kuwait. Unfortunately, I could not find as much research to answer my objectives for this placement so I relied on what I have observed as well as asking doctors and patients questions to gain some answers. First of all, most of the patients that were seen in the clinic came in because of pregnancy. We saw patients at all stages of their pregnancy, the patient would be with the same doctor for the duration of the pregnancy, the delivery and the postpartum checks which provides a good patient-doctor relationship. I have also seen a few patients in clinic with a miscarriage in that happened during early pregnancy. Unfortunately, I could not find reports about the prevalence of miscarriage in Kuwait, but the 4 patients I saw presenting with it had a spontaneous miscarriage. I also asked 3 doctors about the prevalence of miscarriage and they estimated it to be about 15-20% of all pregnancies with most of them occurring in the first trimester, this is an estimation based on years of practice. This is slightly lower to the UK where 25% of pregnancies end in a miscarriage, but 80% of miscarriages also occur in the first trimester (1). Furthermore, I have noticed that patients in Kuwait have a very good understanding of the prevalence of miscarriage, they also accept the diagnosis very quickly and start asking questions about preparing for a future pregnancy. Other than pregnancy, I have seen many patients complaining of gynaecological issues. Most patients presented to the clinic due to menstrual changes, presentations included dysmenorrhea, oligomenorrhea, and menorrhagia. Most common cause I have seen and doctors have reported is oligomenorrhea due to Polycystic ovaries. It seems that there is a high prevalence of PCOS in Kuwait because many patients presented with it, or have signs and symptoms of the condition and are getting investigations to get the diagnosis. The management of PCOS is different in Kuwait because young females who are not married are usually against using any hormonal treatment due to cultural reasons and some misconceptions regarding infertility caused by using hormonal pills.

Another thing I have learned is that healthcare is readily available to everyone living in Kuwait. The healthcare system in Kuwait consists of both private and public/governmental hospitals and clinics. Governmental healthcare is free for all citizens but expats and visitors are charged a small fee for the services. Private hospitals are also available to a lot of people because many companies in the private sector provide their employees with health insurance. Most people living in Kuwait get access to good medical care no matter their background. There are also many charities that help with fees for people who are struggling financially. The major difference that I have noticed between Kuwait and the UK is that waiting times for appointments are much shorter in Kuwait. I have seen many patients in the UK going to a private clinic for imaging or for consults because waiting times can be as long as a year if not more. In Kuwait, most patients that go to private hospitals are people who have insurance or those who want to have a luxurious visit to the hospital. Another thing I have noticed is that there is a more paternalistic approach to patient care in Kuwait than in the UK. This is improving, and now there are doctors who are moving away from it and are moving towards patient education and encouraging patients to take more responsibility for their health. There seems to be a bit of challenge in enforcing this new approach with older patients because they are used to doctors making the decision for them, I have heard older patients questioning if a doctor is incompetent because they are giving them options and asking them to make a decision. Nonetheless, doctors in Kuwait are changing and improving their approach to patient care and hopefully in a few years the paternalistic approach to healthcare will not be as widely used as it is now.

Furthermore, there is a good standard for healthcare across all hospitals in Kuwait, this standard is set for both private and public hospitals. The biggest difference between hospitals is patient load and availability of doctors and nurses in each hospital. As with most hospitals in the UK, there is a shortage of staff in a lot of hospitals in Kuwait which has been made even worse with COVID-19. And as discussed previously, the main difference between private and public hospital are waiting times and the experience you get as a patient in a private hospital tends to be more relaxing. Furthermore, when I asked doctors about quality of care across private and public hospital they said that it public hospitals provide much better care when it comes to medical and surgical emergencies. From what I have learned it seems that access to good medical care is available for everyone who needs no matter the socioeconomic class. In a similar fashion to the UK there are areas in Kuwait that have higher demand for medical care because it is more populated with expats who tend to be working class. For this reason, these hospitals tend to have longer waiting times for non-emergency conditions and have less resources. There is also a higher probability that if you come from a higher socioeconomic class you will have a job in the private sector which in turn means that you have health insurance that gives you access to private hospitals. For this reason, I can not say that there is no difference in the standard of care provided to patients across the different socioeconomic classes. It would be very interesting to see studies that look more closely at the difference in the future. Lastly, by working in Kuwait I have been introduced to a different healthcare system. Personally, I found that I was still adjusting to this new system for the duration of my placement. It was all a matter of asking for help when I needed it, and never doing anything that I did not feel comfortable in doing. Furthermore, I struggled with communicating with patients because of the medical terms that were used that were not Arabic but were specific to the Kuwaiti dialect. Even though I spoke arabic fluently and I am from Kuwait, it was still a struggle to learn a lot of new terms for the different conditions, and to understand what a patient means by a symptom that I have never heard of. Also, because of cultural reason it was a taboo talking about sexual relationship and periods. Patients and doctors have developed an open but discrete way of discussing these taboo topics which I had to adjust to, because in the UK I had no issue discussing these topics openly with patients. I also struggled to see patients, or do any procedures because a lot of them did not want a medical student to be actively involved in their care. In conclusion, there was much to learn and observe in the 3 weeks I spent on placement in Kuwait. I would have loved to arrange a placement in a governmental hospital but unfortunately I did not get the opportunity to do so this time. Overall, I think that it is challenging to get a very accurate idea about what the healthcare system is like. But I can say that the healthcare system in Kuwait is different to the one in the UK, but there is still a good standard of care provided to patients

REFERENCES:

1- NCT (National Childbirth Trust). 2022. *Miscarriage: your questions answered*. [online] Available at: <<https://www.nct.org.uk/pregnancy/miscarriage/miscarriage-your-questions-answered#:~:text=Most%20miscarriages%20occur%20at%20the,first%2012%20weeks%20of%20pregnancy>> [Accessed 6 May 2022].