

ELECTIVE (SSC5a) REPORT (1200 words)

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

During the previous three weeks I have observed a wide range of diverse clinical cases, including many presentations that I had not previously encountered during my medical training in London. I have also had the opportunity to observe the differences between the Italian and United Kingdom health systems which has been particularly enlightening. In general, I found the population at the university hospital Campus-Bio Medico to be quite different to that of the teaching hospitals I have attended in London during my placements. The large majority of patients at Campus Bio-Medico were Caucasian Italians, many of whom had travelled from far across Italy to receive the specialist guidance of the professors at the university. This is very different to the patient population I encountered whilst in hospitals in east London, where a large section of the population are first or second generation migrants.

Prior to this elective I had limited understanding of the Italian healthcare system and its differences with the UK's national health service. Over these past three weeks, I have come to learn much about the Italian healthcare system and its differences from the UK in terms of the structure of care, its financing and the training programmes for medical students and doctors.

The structure of the healthcare system in Italy initially appeared very similar to that in the UK. However, digging below the surface, I realised that the role of the GP in Italy is very different, as the GP has much less authority over the patients' management and, instead, has more of an administrative role through carrying out and prescribing the medications suggested by the specialist. I was also surprised to learn that, despite many of the doctors I asked stating that their health services were free, the majority of Italians do in fact have to give financial co-payments for any appointment, and sometimes also pay towards certain blood tests and investigations. I have also been surprised by the greater level of responsibility that a patient has in Italy for managing their own health, with patients being required to file their various blood tests and investigations and bring them into the clinic for doctors to review. This interested me, as many patients in the UK are often unable to remember the medications they are on, let alone provide a filed set of investigations going back a number of years. I have not yet decided whether these differences relative to the UK are better or not, but I think it is highly valuable to observe how a different high-quality healthcare system is run so that I have an understanding that the way the NHS is run is not the only way possible.

With regards to medical education, I observed differences both in the way that medical students were taught and in the training pathways for doctors. Italian medical students appeared to have much more rigorous teaching on the pathology and physiological aspects of medicine than in the UK. During a teaching session on electromyography with third year medical students, I was impressed by their detailed knowledge of EMG and nerve conduction studies, possessing an understanding of more complex aspects of EMGs such as F and H-waves that I did not comprehend when I was at a similar stage of medical school.

Then, considering medical training, I was surprised to hear that doctors in Italy specialise immediately after

completion of their degree. I have mixed feelings about this approach. On the one hand, I feel that having a shorter time to complete specialty would allow doctors to focus solely on their main interest and be extremely knowledgeable in this area, perhaps also allowing for more doctors to pursue PhDs and research. However, for me, as I am still unsure about which medical specialty I wish to pursue in the future, having a few more years to experience different specialties will be highly valuable in ensuring I make the right career choice longterm.

The most prevalent conditions I witnessed during my placement were diseases most common to other higher income countries, including type 2 diabetes, strokes, and obesity. It is perhaps not surprising that the most prevalent conditions are similar between the UK and Italy, however, it was interesting to learn the different approaches on the management of these conditions in Italy and the UK. For example, in Italy, I observed that doctors much more readily prescribed patients GLP-1 agonists for the treatment of Type 2 Diabetes Mellitus than in the UK, and that these drugs, unlike in the UK, were sometimes prescribed solely for treating obesity. On observing this, I was informed that the budget in Italy for treating diabetic patients was much larger than that of the UK, despite the two countries having a similar prevalence of diabetic patients. It also seems that drug choices and decisions in Italy are less subject to strict cost controls as compared to the UK.

Having missed both my endocrinology and oncology placement due to the coronavirus pandemic, I was excited by the opportunity to gain experience of both these specialties during this elective. In endocrinology, I observed many patient cases that I had never previously encountered in person, including possible diagnoses of LADA, bariatric surgical patients, thyroid malignancies, and primary hyperparathyroidism. I also had the opportunity to attend a thyroid ultrasound clinic and observe thyroid aspirations, a procedure I had never previously had the opportunity to witness. It was extremely useful to observe these cases as I find seeing real patient cases puts the theory and pathophysiology which I have learnt during medical school into context, and will help me better manage and interact with such patients as I come across them in clinical practice.

As a specialist centre for the treatment of sarcomas, it was also interesting, albeit sad, to observe young patients diagnosed with rhabdomyosarcomas during my oncology rotation, another condition I had previously not come across in London. Whilst it was interesting to learn about the pathophysiology and management of the condition, I also felt strongly empathic towards these patients, one of whom was a peer of my own age who had been recently given a terminal diagnosis.

Overall, the past three weeks at Universita Campus Bio-Medico di Roma have been extremely valuable in both providing me with an insight into the Italian medical system and also offering the opportunity to observe and understand new clinical cases and presentations. It has been both an enjoyable experience and a great learning opportunity.