

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

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

This elective has been amazing, with so many unique opportunities to learn and understand about healthcare in a totally different setting to the UK. I feel that I was able to address all of my learning objectives, and in the process made some really wonderful professional relationships that I hope to maintain for a long time.

With regards to the differences in healthcare provision between Brazil and the UK, Brazil has the Sistema Unico de Saude (SUS), a public health system apparently created based off of the NHS. It is the largest public health system in the world, and like the NHS is free at the point of care. However, unlike the NHS, the SUS has significant regional disparities in the quality and type of services that it provides, depending on local politics and funding. As such, a significant proportion of the population has private health insurance as well, to be able to access some services more quickly or at better quality in private centres. Even many working class individuals will have some form of health insurance, although the coverage will of course be different to the more expensive insurance plans.

An example of disparities between services provided by the SUS in different regions was the availability of a CT scanner. In the hospital we were at there was no CT scanner, so all patients with head injuries, strokes, haemorrhage or other problems requiring a CT would need to be transferred to another hospital 1.5 hours away. This required requesting a slot, organising transfer, transferring for the scan, and then the transfer back. All of this took a significant amount of time, which was even more significant if the illnesses were time critical such as strokes. Moreover, due to political conflict between the local government of the hospital we were at and the hospital with the CT scanner the neurosurgeons there were not authorised to treat patients who were being transferred over for CT scans, making the whole process inefficient and dangerous. There was a case that really stayed with me, which seems to highlight the extreme consequences of this particular problem - a 31 year old patient had crashed whilst rollerskating at very high speed, hitting their head. They arrived at the hospital, as it was the closest one, although they should have been taken to one with a CT scan and a neurology department given the likely head injury and low GCS. After intubation and stabilisation they were able to request a CT scan, they transferred the patient again which took time and was dangerous given their critical condition, and they had their scan. Despite the scan showing a massive haemorrhage requiring urgent decompression, the patient was transferred back to a hospital with neurosurgeons where nothing could be done for them. At this point a request was made to all the neurosurgical centres for a spot for this patient, but no spaces could be found. 3 days went by like this, with the bleed only getting bigger and nothing that could be done. When a space finally opened and the patient was transferred the doctors seemed confident that the patient's prognosis was poor. I found this so sad, as politics and bureaucracy were getting in the way of patient safety and outcomes. The same could be seen in the likely stroke patients that were waiting in the resus department for hours for their CT scan transfer, receiving no treatment as haemorrhage strokes have to be ruled out first. Stroke medicine has improved so dramatically and outcomes can be so good, with cases where there is no long-lasting deficit at all, but these patients could not feel the benefits of these improvements as they always ended up being outside of the time limit for thrombolysis. It felt very unfair, and seemed to be a question of luck as to whether or not you were taken to a hospital that had the services you needed to receive the appropriate care.

In terms of the outreach that we did, we went to rural areas in the mountains where the patients have farms, as well as to islands. I have not had this kind of outreach experience in the UK, as at least in London there are no areas that are remote in this way. It was really interesting, to see how with the SUS these clinics were organised, and how innovative the doctors had to be to adapt to the resources they had in those settings. The patient demographic was also quite different, and it was important to consider how

easy it was for them to access investigations or medications and try to only request those that were absolutely necessary in some cases.

In terms of the patient demographic compared to that of the UK, the issues of hypertension and diabetes seemed to be equally as prevalent, although some patients in the more rural areas opted for local herb remedies instead, such as the plant insulina to lower blood sugars. There were some conditions that I had never seen in the UK however, such as Dengue fever, which seemed to be particularly prevalent at this time of year and caused viral-like symptoms with the risk of haemorrhage transformation. There was also cases of Berne fly larvae being deposited under the skin, or venomous snake bites. There were also a higher prevalence of HIV, with rates still on the rise in Brazil compared to many countries, due to the higher level of general promiscuity in the population and stigma associated with being HIV positive. Despite some endemic conditions I found that the paediatric population suffers from the same things as children in the UK, with colds and viral illnesses being particularly prevalent this time of year due to it being the beginning of winter in Brazil.

I feel really privileged and grateful to have had the opportunity to shadow and work alongside some truly wonderful doctors, and I have never felt more welcomed into a team as I have during this elective. I have learned some really valuable lessons that will influence the way that I practice medicine, and I hope to one day potentially come back to Brazil to work. I thank everyone who contributed to this experience and helped it happen.