

# Jackson Park Hospital Elective Report

My 4-week elective at Jackson Park Hospital, Chicago, provided an interesting insight into the US healthcare system. Prior to my arrival I had heard a lot about health inequity in the US and the perils of insurance-based healthcare, and indeed many of my concerns were realised. However, the experience was certainly eye-opening and broadened my understanding of the merits of different healthcare models.

I was immediately struck by the health inequity present in Chicago. As soon as I left the airport, I was aware of the magnitude of the drug-epidemic in the USA. I observed homelessness on a scale I have never seen in the UK, with entire alleyways occupied by individuals crowded around makeshift fires. On my street I observed individuals doubled-over forwards, surrounded by the paraphernalia of intravenous drug use. Later on in my trip, I would become more familiarly acquainted with these people when they would try to break into my flat at night, and again when they stole my parcels from outside my front door. Such realities of living in a deprived neighbourhood in Chicago highlighted the difficulties faced by Americans stuck in the cycle of poverty. Thinking of Maslow's hierarchy, it's unsurprising that crime is high in these areas; how can younger generations know self-esteem or community if they lack physiological necessities and live in constant fear for their wellbeing? On a similar note, while I had read about 'food deserts' in the USA, this concept was truly brought home by the lack of healthy food available near my accommodation. Lacking a car and living in an impoverished neighbourhood, I was forced to shop exclusively at Dollar Tree for my first few days (or else fast-food chains, such as McDonald's and Popeye's). There was no fresh produce, and the healthiest foods I could find were salted pretzels and honey-roasted peanuts. I have never had this experience in the UK or anywhere in Europe, and it helped me to understand the association between obesity and social deprivation. I eventually gained access to a supermarket near the hospital and would buy as much as I could carry each time, though the path of least resistance would certainly have been to rely on processed foods high in sugar and saturated fats.

My experiences in Chicago made me grateful for socialised 'free at the point of service healthcare'. I witnessed many patients present late in the course of their disease due to fears of being bankrupted by the bills associated with seeking healthcare. Patients with months of haemoptysis presented with metastatic lung cancer, while patients with diabetes developed dialysis-dependent nephropathy due to the costs associated with primary care. I had taken this completely for granted during my time seeing patients in the UK – the concept of delaying presentations to primary care for financial reasons had never occurred to me outside of the context of work-time lost. Overall, this healthcare model certainly seemed to do a disservice to those experiencing poverty – the very same people at greatest need of accessible healthcare.

I was disappointed to learn that the financial incentives appear to often interfere with evidence-based patient care in the US. I was disappointed to see that many investigations of low diagnostic value were routinely utilised to investigate patients. A prime example was the policy of requesting a serum ammonia level on every patient presenting with acute confusion, regardless of their history. I understand that serum ammonia levels correlate

poorly with hepatic encephalopathy; the sensitivity and specificity are poor, and as a result the diagnosis should be made clinically. As far as I can tell, this approach to healthcare is neither patient-centred nor economically efficient for any party, other than perhaps the physician trying to maximise their remuneration. I hope that this is not universal to healthcare in the US, representing the dysfunction practices of a single community hospital in an underprivileged urban setting, although my experience leaves a disappointing first impression.

There were some positive experiences from my time at Jackson Park Hospital; I feel more comfortable managing opioid overdoses and alcohol withdrawal than ever before. I am also glad to have experienced healthcare in the US, even if it was disappointing in several ways. I will endeavour to use the lessons I have learned, clinical and otherwise, to improve my clinical practice. I will certainly no longer take accessible healthcare for granted.