

ELECTIVE (SSC5a) REPORT (1200 words)

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

To explore the patterns of illness in the UAE as compared to the UK.

I spent my time at Rashid Hospital in the Emergency and Trauma Department. They are the Trauma Center of Dubai and have specialised Trauma facilities [1]. Dubai has been a rapidly growing Emirate for many years with state-of-the-art infrastructure and large economic growth [2]. This has affected the patterns of illnesses and injuries seen in the UAE.

The Emergency Departments (ED) in the UK and Dubai displayed different cases which reflected the patient demographic. In the UK, the ED often sees a lot of elderly patients that present with exacerbations of their chronic conditions or falls. There are also a lot of assaults, stabbings and alcohol-related incidents; which are often linked to social issues.

On the other hand, Rashid Hospital receives a lot of construction and road-traffic accident (RTA) related injuries. These are often critical and are termed “polytrauma” cases. This can be attributed to the city’s rapid urbanisation and building of infrastructure. Rashid Hospital also sees a lot of younger patients with a large focus on workplace related injuries.

It is important that each country is able to adapt their healthcare system based on their unique challenges.

To compare and contrast healthcare systems in the UAE and UK.

There are significant differences between the healthcare systems in the United Arab Emirates (UAE) and United Kingdom (UK). Majority of UK citizens rely on the National Health Service (NHS), which is funded through taxation [3]. The NHS is a free service for all UK residents [3]. This allows for equal access to healthcare to all, regardless of an individual's financial status.

On the other hand, the UAE provides free public healthcare to only Emiratis and a “low-cost option” to non-Emiratis [4]. Expatriates are required to pay for access to healthcare. They are allowed to access public and private healthcare, either via health insurance or by making a full payment in cash. Majority of individuals have health insurance as healthcare is expensive and not everyone can afford to pay.

Patients accessing NHS services have long waiting times for appointments and treatments. However, in the UAE, patients can often be seen on the same day and have all the necessary investigations and treatments done immediately. From first hand experience, this allowed for a less busy Emergency Department in the UAE as compared to the UK.

In addition, the patient demographic seen in Dubai is different to what I saw in the UK. In the UK, I witnessed a vast range of chronic, complex cases and a large population of elderly patients. However, as Dubai’s population is mainly young [5], a lot of the cases I saw were often acute.

There are strengths and weaknesses of both healthcare systems. It is difficult to create a perfect healthcare system due to varying cultural and economic factors. It is challenging to create an efficient healthcare system that provides high-quality care. Therefore, it is important that we adapt to the specific needs and dynamics of the population.

To analyse health disparities within diverse populations in Dubai, focusing on social determinants and cultural factors that impact public health outcomes.

Dubai is a diverse city, with individuals from all over the world coming for various reasons. Its cosmopolitan nature introduces a large host of health challenges. Socioeconomic status is one of the most important factors in health outcomes. As previously discussed, healthcare for expatriates is not free. Therefore, those with higher incomes have access to better healthcare facilities and living conditions which ultimately affects health outcomes [6]. On the other hand, those with lower-incomes, particularly labourers are faced with limited access to healthcare and worse healthcare outcomes. In addition, there is a difference in health literacy [7]. There is a large population of individuals who work in construction or as delivery drivers which results in a large number of construction and road traffic accidents.

The UAE workforce consists of a large proportion of migrant workers, therefore, cultural factors also play a role in public health outcomes. The language barrier impacts communication between healthcare workers and patients. However, this is not too much of an issue in Dubai as there is often at least one healthcare professional that can speak the patient's language.

To develop relationships and a network of contacts in the UAE. To improve confidence in clerking patients in Arabic.

Throughout my time in Rashid Hospital, I proactively engaged with various healthcare professionals which allowed me to expand my network. I wanted to learn more about life working in healthcare in the UAE so I made a conscious effort to ask many individuals for their experience. This allowed me to understand more about healthcare in Dubai and foster professional relationships.

As I am an Arabic speaker, this enhanced my experience in the UAE. Although there are some non-Arabic speaking healthcare professionals and patients, a large number spoke Arabic. This allowed me to communicate effectively with patients and the team. Some patients who attended the Emergency Department alone required someone to speak to as they were worried, so I was able to do so and provided them with some comfort in a time of distress. I was also able to take histories from patients in Arabic.

References

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[2] Sadik, A.T. (2016) 'Macroeconomic overview', *The Economy of Dubai*, pp. 19–48. doi:10.1093/acprof:oso/9780198758389.003.0002.

[3] *About Us | NHS England (2024) NHS choices*. Available at: <http://www.england.nhs.uk/about/> (Accessed: 20 May 2024).

[4] Alshamsi, A.I. (2024) 'A review of the United Arab Emirates Healthcare Systems on Medical Tourism and Accreditation', *Frontiers in Health Services*, 4. doi:10.3389/frhs.2024.1329252.

[5] *73.86% of Dubai Population is Under 40 Years Old (2020) Dubai Statistics Center*. Available at: <https://www.dsc.gov.ae/en-us/DSC-News/Pages/of-Dubai-Population-is-Under-40-Years-Old.aspx#:~:text=73.86%25%20of%20Dubai%20Population%20is%20Under%2040%20Years%20Old> (Accessed: 20 May 2024).

[6] Stronks, K., van de Mheen, H.D. and Mackenbach, J.P. (1998) 'A higher prevalence of health problems in low income groups: Does it reflect relative deprivation?', *Journal of Epidemiology & Community Health*, 52(9), pp. 548–557. doi:10.1136/jech.52.9.548.

[7] Malaviya, S. *et al.* (2022) 'Socioeconomic disparities in healthcare utilization under Universal Health Coverage: Evidence from Dubai Household Health Survey', *International Journal for Equity in Health*, 21(1). doi:10.1186/s12939-022-01691-8.