

## ELECTIVE (SSC5a) REPORT (1200 words)

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

### 1. Obstetric Complications in the UAE

Women in the UAE face a variety of obstetric complications influenced by genetic, lifestyle, and healthcare factors. One prominent issue is the increased risk of delivering macrosomic babies, leading to complications such as shoulder dystocia during delivery. This heightened risk is partly due to the high prevalence of gestational diabetes mellitus (GDM) among the Middle Eastern population. GDM is more common in this population compared to others, necessitating frequent and thorough monitoring of pregnant women.

Another significant factor is the high incidence of uncontrolled diabetes, often exacerbated by dietary habits rich in carbohydrates and a sedentary lifestyle. The hot climate and prevalent luxurious lifestyle in the UAE further contribute to these health issues. Despite the critical need, the UAE has been slow to adopt public health campaigns aimed at educating the population about diabetes and GDM. This lack of awareness and education can hinder effective management and prevention of these conditions, increasing the risks associated with pregnancy and childbirth.

Additionally, surgical practices in the UAE present their own set of challenges. Women and babies are at a heightened risk of surgical complications such as postpartum hemorrhage or cerebral palsy. Contributing factors include less comprehensive risk stratification and monitoring, as well as suboptimal closed-loop communication among healthcare team members.

### 2. Healthcare Provision in the UAE

Healthcare provision in the UAE is notably stratified based on financial resources. Sheikh Shakhbout Medical City (SSMC), the largest hospital in the UAE, primarily offers private medical services catering to the upper class. This socioeconomic stratification significantly impacts the types of cases seen and the level of medical care provided. For instance, patients from affluent backgrounds often present with niche and complex conditions such as Kallmann's syndrome, while those from working-class backgrounds exhibit common conditions that have deteriorated due to delayed intervention, such as severe Graves' disease. This reflects differences in financial abilities and access to healthcare resources. The hospital's capability to handle highly specialized cases likely attracts more complex cases.

The UAE's healthcare system mirrors influences from the American model, where treatment decisions, including procedures and medication choices, are frequently dictated by insurance coverage. This model emphasizes service provision, sometimes leading to patients receiving medications based on preference rather than medical necessity. For example, patients struggling with weight concerns can readily obtain medications like exenatides upon request.

Comparing this pattern to the healthcare system in the UK, especially concerning women's health, reveals notable differences. The UK operates under a publicly funded National Health Service (NHS), ensuring universal access to healthcare regardless of financial status. In contrast, the UAE's system relies heavily on private healthcare provision, leading to disparities in access and quality of care. The NHS offers comprehensive women's health services, ranging from routine screenings to specialized care for conditions like reproductive health issues and breast cancer. Conversely, women in the UAE may face barriers to accessing certain services or receive varying levels of care based on their financial standing and insurance coverage.

Additionally, medical care in the UAE lacks specificity. Clinic appointments are not organized based on conditions; patients present with varied concerns. This contrasts with the UK's structured approach, where clinic appointments are categorized by specific conditions such as insulin clinics, GDM clinics, and T1D clinics. This structured approach ensures more consistent and targeted medical care. During my elective, a doctor with experience in the UK highlighted this difference and mentioned implementing dedicated GDM clinics and screening programs in the UAE.

### 3. Female Genital Mutilation (FGM)

Regarding female genital mutilation (FGM), it appears to be less prevalent than I anticipated during my observations. This trend could potentially be influenced by the hospital's location in the capital, which tends to follow more modern practices. Had the hospital been situated in one of the more traditional cities, it's possible that FGM practices might have been more common there. Discussions with female obstetricians revealed that FGM is far more common among patients of African descent, such as those from Sudan or Ethiopia.

### 4. Exploring Healthcare in the UAE: Clinical Practices, Cultural Influences, and Women's Health

#### Weight Loss Approaches

In the UAE, the population predominantly opts for medication-based approaches to weight loss rather than relying on diet and exercise. A supervising consultant noted that most patients at the hospital were locals with the financial means to employ multiple maids, leading to a highly sedentary lifestyle. This sedentary behavior is exacerbated by the climate, which limits outdoor activities.

#### Elderly Care

The approach to elderly care in the UAE reflects the country's cultural emphasis on valuing and caring for parents. Many patients can afford round-the-clock home care services. For instance, I encountered an elderly dementia patient during an endocrinology clinic appointment with his son. The patient was accompanied by two nurses responsible for his medical care, including transportation in a wheelchair and managing his secretions using a portable suction device. The son requested the doctor to repeat instructions in English so the attending nurses, who were crucial in his father's care, could understand and implement the recommended care plan.

Patients in the UAE are more likely to reside with their children and extended family members, promoting a close-knit family structure where multiple generations often share a household. This societal norm significantly influences healthcare dynamics, as family members play a crucial role in supporting and coordinating the medical care of their elderly relatives. This stands in stark contrast to elderly patients in the NHS, who often struggle to afford comprehensive care and may rely solely on twice-daily home visits. Additionally, NHS patients frequently live independently and may experience feelings of abandonment due to limited support and resources compared to their counterparts in more affluent healthcare settings in the UAE.

#### Patient Privacy and Modesty

In the UAE, patient respect and privacy are highly valued. Male doctors must gain permission to enter rooms, and non-senior staff are often denied access unless necessary. Male doctors often knock and wait outside until the patient is ready to invite them in. Patients also do not share hospital rooms and can host family or friends, ensuring a high level of privacy.

#### Labor and Delivery

There is significant resistance to medical intervention for inducing labor in the UAE. Many believe a woman should deliver in her own time without external intervention. Cesarean sections are also less popular among women. Unlike the UK, where elective C-sections are scheduled daily, they are scheduled only twice a week in the UAE, reflecting a preference for natural delivery.