ELECTIVE (SSC5a/b) REPORT (1200 words)

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

I carried out my medical elective in Red Crescent Hospital, a charity funded organisation that was established many years ago due to the need for free healthcare in the north of Amman. Jordan has a large population of Palestinian refugees, as well as new Syrian refugees and I expected to see a variation of infectious diseases as the children were moved from different areas and there was no established community care therefore no vaccination system. To my surprise, there were a few patients in the whole hospital let alone the Paediatric unit. Furthermore, the only fully functioning unit of the hospital was the emergency assessment and again there were a few patients, presenting with falls and fractures from everyday life. I was taken aback by how little the hospital was being used by the refugees, but was told that other hospitals had taken over much of the care. The Red Crescent Hospital was now being used by private physicians, mainly plastic surgeons offering Jordanian nationals cosmetic surgery at a lower rate. Therefore, most of the patients in the Red Crescent hospital were not refugees, but middle class or higher Jordanian women who could afford plastic surgery- the procedures I was involved in included liposuction and eyebrow and face lift. Furthermore, I was able to see some Obstetrics and Gynaecology, and assisted in procedures such as evacuation of retained products of conception.

Due to the unexpected nature of the dynamics of this hospital, where there were hardly any Paediatric or Trauma cases, we liaised with our hospital to organise a community placement, and work in the clinics integrated within the refugee populated towns as patient turnover was likely to be much higher. I spent most of time in these clinics, and came across a higher yield and mixture of patients. The community clinic was funded by the local charity, gave free access to the refugees to a medical professional and some medicine, but most of the time patients had to pay for the medicine- at a lower rate than what you would usually expect. The clinic only had medicine that was donated by random pharmacies as free samples, and there was clearly a sparse collection- a small cabinet in the corner. The clinic had a general doctor, and gynaecologist, a nurse and a dentist.

The most common Paediatric infections were gastrointestinal infections, diarrhoeal illnesses caused mainly by viral gastroenteritis. Regardless, many patients demanded antibiotics and I found the doctors freely prescribed; however it came down to whether the patient could afford the antibiotics. As expected, decision in which antibiotic to use came down to price rather than antimicrobial sensitivity. These common infections were mainly due to poor water supply, and malnourishment due to very poor diet. Most of the refugees cannot afford meat, and many were very deficient in all the basic vitamins. Iron deficiency was very common, and the doctors explained the difficulty in helping the patients as most of the problems stemmed from poverty- which cannot be fixed with medicine. Furthermore, there were a few upper respiratory tract infections, perhaps more than you would expect in the UK due to the environment. The smoking rate was clearly very high, as well as the dust in the town. I learnt from the culture and the lack of public health promotion that smoking was not a taboo, and many young children freely smoking with their siblings. Furthermore, many patients explained that the stress of poverty gives them no choice but to turn to smoking, and some youth have turned to drugs such as cannabis.

Further to this, It was clear many children had asthma, but could not afford the basic maintenance medicine- therefore many admissions were acute asthma. What I found most interesting was I didn't see any conditions caused by lack of immunisation, such as measles or rubella, however the doctors

explained that these cases, although still rare, most often go straight to the central hospital. I spoke to many patients who could afford to travel to the main hospital and often tried to nurse themselves at home, where it was clear infections spread within the famil and now whole families were infected.

In terms of trauma, there were a few fractures from basic falls. One interesting case was a gunshot wound to a patient shot by his brother due to a family argument. I expected to find a lot more paediatric cases, due to the fact many young children were forced to work for their families, however was exposed to very little diversity. I felt the types of cases were very similar to what I have been exposed to in the UK, but the context of the trauma was slightly different. Furthermore, many patients had relatives with asbestos related cancer, due to houses being built by charities such as the UNRWA with asbestos before it was known for being toxic. I was able to see that some of these houses were still being used, which was quite shocking for me.

One patient that struck me was a young 4 year old, we a rare condition called Junctional Epidermolysis Bullosa, who attended the clinic many times due to recurrent skin infections. She was from a family of 7, living in the local refugee camp. This young girl was clearly very malnourished and had the stature of a 2 year old, her mother explained that the family is in serious poverty and maintaining her healthcare let alone their basic needs is extremely difficult. Her condition requires 24-7 care, and her mother explained that because of her need to work, her 14 year old daughter had to leave school to take care of the young child. She explained that although she is a refugee, she has Jordanian nationality- however this makes no difference as the government gives her no support whatsoever. I was keen to learn the differences in healthcare between the refugees and the Jordanian nationals, and it was clear that there wasn't much support whether you were a national or a refugee. Most of the support comes from non-governmental organisations, including basic healthcare.

I was able to get a basic idea on how a government hospital differs from a charity hospital by speaking to the doctors who have worked in both. The difference was very clear- the government hospitals are much larger, cleaner, and much more technically advanced. However, the price of healthcare is much higher; therefore the patients were a niche. Furthermore, a new cancer hospital was recently opened and was attaining a lot of media attention for having some of the most world class oncology physicians and scientists. It was clear from the doctor's viewpoints that the plight of the refugees was neglected, and the future seemed bleak.

I was able to improve my Arabic speaking skills, to communicate with the patient which was one of the highlights of this elective. Furthermore, I attained a better understanding of the Jordanian culture of healthcare and overall had a very eye opening experience in Jordan. I hope to return to Jordan as I felt the people were some of the kindest I have ever met, and would love to see everyone again.