

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

1) Neurological disease is prevalent in Cuba however with a different distribution of illnesses compared with that of England. For example multiple sclerosis is incredibly rare in Cuba whilst being common back in the UK.

Whilst on my attachment we focussed on several key areas of neurology in Cuba including headaches, epilepsy, polyneuropathy and Parkinsons disease. For me the area I gained the most from personally was the treatment of headaches as it is such a common problem in the UK and the way I was taught to divide it into 4 pillars of management consisting of very particular lifestyle advice, prophylaxis, acute treatment and education of relative and friends is something I will continue to use in my own practice in the future. It was also very interesting to see how the intern on her neurological attachment conducted the consultations which also helped me learn a lot.

Epilepsy was also a common problem in the clinic and I was shown many videos and examples of different seizures and realised the great challenge in classifying seizures, a skill which no doubt comes from much practice. We also saw the workings of EEG machines and an introduction to interpretation of them.

2) In Cuba health provision is entirely free at the point of entry very similar to the UK. This is one of the main reasons why I wanted to do my elective here to see how their system is comparable. It seems to work very well particularly for the placement I was on. As well as general practitioners (or family doctors as they are known) there are also polyclinics which are the equivalent of our primary care system and from there you can be referred to secondary and tertiary care. There is also a more favourable ratio of doctors to patients in Cuba. One thing that struck me was that although Cuban doctors face many hardships in their training with similar sacrifices English medical students have to face they

are extremely passionate and very hardworking and have a genuine love of their craft.

3) I thought previously that there would be systems in Cuba that would give me ideas to improve the efficiency of the NHS back home however in reality our 2 countries seem to have many differences after looking deeper past the fundamental similarities. The size of the cities are very different and the ratio of doctors to patients does play a big role however realistically changing the ratio back home would be impossible as either the government would need to pay more money or doctors would need to accept a smaller salary, neither of which would happen. I do think one thing for in particular my generation to be aware of is to not lose the fundamentals of clinical examination due to the prevalence of new imaging techniques. Cuban doctors clinical skills are excellent and used heavily as obtaining scans is not as easy for them. When ordering tests they are also very cautious as tests consume valuable resources. I know as a junior doctor I am likely to order more tests than necessary through fear however I hope to refine this quickly.