

ELECTIVE (SSC5c) REPORT (1200 words)

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

1. There is a general trend in delaying motherhood worldwide, especially among women who are educated and financially secure. Women becoming pregnant at the age older than 35 years are referred to as of advanced maternal age. 26.7% of babies born in Hong Kong in 2013 had mothers aged 35 and over at the time of birth, compared with 20% of babies born in the UK in the same year. Advanced maternal age mothers are at increased risks of complications in pregnancy, including geseational diabetes, gestational hypertension, placenta praevia, preterm delivery, intrauterine growth restriction and postpartum haemorrhage.

Pre-existing medical conditions associated with increased risks of pregnancy complications such as thalassaemia and hepatitis B are more common in Hong Kong than in the UK, whilst sickle cell disease, Addison's disease, obesity and Factor V Leiden have a higher prevalence in the UK.

Gestational diabetes, pregnancy induced hypertension, pre-eclampsia, ectopic pregnancy, infections, preterm labour, iron-deficiency anaemia and miscarriages are just as commonly observed in both countries.

2. The emergency medical services in Hong Kong are provided by the Fire service and hospital authority organisations. The charge of an emergency visit is \$100 HKD per attendance. Patients arriving at the emergency department in HK are triaged by experienced nurses according to protocols into 5 categories, category 1 being the most urgent whilst 5 is the least.

On contrary, providers of emergency services in the UK include the National Health Service, voluntary services as well as the private sector. Emergency treatment is free regardless of immigration status. A rapid assessment is made by an experienced nurse who directs patients into major, minor or primary care. It is not uncommon to have GP integrated with the emergency department to treat non-emergency patients. There is also a four-hour target that the department needs to meet.

Ambulance crews in the UK are trained to identify suspected heart attack and stroke patients and direct these patients to specialist cardiac centres and hyperacute stroke units respectively, with the aim to improve door-to-needle time and onset-to-needle time. On the other hand, patients in HK are taken to the closest emergency department regardless whether they have heart attack or stroke and are seen urgently by the emergency staff.

Every emergency department in Hong Kong has chest compression device that reduce the need for manual chest compression, therefore allowing valuable human resource to be spent on other tasks during resuscitation. ITU input is sometimes sought early when criteria are met for the use life sustaining machines such as ECMO. These interventions are not currently used in the UK.

3. Women may experience gynaecological related problems somewhere along their lifetime, ranging from menstrual abnormalities and vaginal discharge, to infertility issues and prolapses. Culture and beliefs play a role in the way women perceive their gynaecological problems and their treatment seeking behaviour. Some reports found that the readiness of Hong Kong Chinese women to seek

medical advice depends on factors including their perceived severity of symptoms, support and influence from their families and friends, and their attitudes toward their gynaecological problems.

In addition, embarrassment about their symptoms and physical examinations, unease about pain and discomfort during examination and anxiety about embarrassing questions also create barriers that prevent women from seeking medical care.

With regards to the decision to seek subfertility service, women in Hong Kong are more likely to access subfertility service if they failed to conceive after trying for some years, have advanced maternal age, experience pressure from families or peers and have recommendations by health professionals. On contrary, the belief that “nature should take its own course” and the lack of support from partners are the main deterrents to seeking treatment.

4. During my attachment, I had opportunities to practice history taking, examinations and clinical skills. In particular, I had exposures to dealing with critically unwell patients, ranging from septic shock and cardiac arrest, to carbon monoxide poisoning and intracranial haemorrhage. It was invaluable to learn about the immediate investigations, resuscitation and treatment for emergency patients, as well as appreciate the importance of coordinated teamwork while caring for this group of patients, which often requires a streamline of management to be happening simultaneously.

It was interesting to learn about management for Chinese medicine poisoning, which is commonly seen in Hong Kong since the local people take Chinese medicine as an alternative or complementary treatment.