

ELECTIVE (SSC5b) REPORT (1200 words)

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

SSC 5B Title: Common Renal Diseases in an Asian Country like Taiwan

I have performed my elective attachment at Taipei Veterans General Hospital, Taiwan. The reason why I have made the choice is to learn about the healthcare system and health-seeking behavior in Asia. I have applied for a two weeks posting under the Renal Department in order to gain better insight into the common renal diseases among the local population. In addition to that, as I have not carried out a renal placement in Year 3, I also thought this would be a good exposure to see patients undergoing common renal procedures such as hemodialysis and other renal replacement therapy (RRT). Throughout the placement, the main activities include joining the consultants-led ward rounds and bedside teachings, weekly department meetings, grand round teachings, and consultant or senior doctors-led small group lectures.

Learning objective 1: What are the common causes of kidney diseases and their prevalence in an Asian country like Taiwan? How do they differ from the UK?

The most common kidney disease that I have encountered during my experience in Taiwan Veterans General Hospital is chronic kidney disease (CKD) and its complications. Similar to the UK, the most common cause for chronic kidney diseases (CKD) is diabetic nephropathy, which correlates with the high prevalence of type 2 diabetes mellitus in Taiwanese patient population. In the UK, type 2 diabetes mellitus has the highest prevalence in the South-East Asian and the Afro-Caribbean populations, which are both rare in Taiwan. However, the local Taiwanese population is primarily made up of Asian-Chinese population, which is another population which shares a very high prevalence in metabolic diseases such as type II diabetes mellitus. The second most common kidney disease that I have seen is acute kidney injury (AKI), which many of them are caused by sepsis or intrinsic renal diseases. Other kidney diseases that I have encountered during my elective period include primary nephrotic syndrome, water and electrolyte imbalance disorders (hypo- and hypernatremia; hypo- and hyperkalemia), drug-induced kidney diseases, and dialysis related complications.

Learning objective 2: How are general medical health services organized and delivered in Taiwan? How do they differ from the UK?

Taiwan has been adopting the National Health Insurance (NHI) system for the past 22 years. Under this system, all Taiwanese citizens carry an NHI identity card containing their brief medical history whenever they seek for medical service in the hospital. In contrast to the NHS in the UK, the NHI system in Taiwan is primarily funded by insurance premium, which the NHI card is also used to bill the national insurer.

As a result of that, most medical decisions made would have to take into consideration whether the cost will be approved by the national insurer. The other main difference is the absence of a referral system in the Taiwanese NHI system for patients to seek any specialist service. Therefore, Taiwanese citizens can see any consultant they wish without needing a referral from the GP, and unlike in the UK, there is generally no waiting list to be seen by the consultant. However, this has also led to problems such as overcrowding in main tertiary hospitals and the short consultation time spent on each patient. In terms of renal care service in Taiwan, most chronic kidney disease (CKD) patients will be taken care by a nephrologist consultant in the hospital, and there is no standard national guideline on the long-term follow up management plan by GP for each patient. Patients who require hemodialysis will be referred to a dialysis center near to them and will be seeing the consultant in the clinic every few months. In between, the dialysis center specialist nurses will be responsible in monitoring the patients' vital signs and lab results before and after every dialysis, and making tuning and adjustment in their hemodialysis parameters. The results will be reviewed by the consultants when they see the patients in the clinic.

Learning objective 3: What are the primary and secondary prevention practices for common renal diseases in the Taiwanese government healthcare system?

Similar to the UK, there are health education clinics where experienced health educators will organize sessions to provide advice and negotiate with the patients in improving their lifestyle. Smoking cessation is strongly advised and further assistance would be provided to the patients if requested. Every patient with chronic kidney disease will also be referred to see a dietician to provide advice on the diet and appropriate amount of fluid intake. The main challenge in the primary prevention in Taiwanese population is the health-seeking behavior of the local population, which tend to seek for medical advice only when they have suffered from a condition. Although the local population appear to be very aware of their health, they tend to dismiss the impact of lifestyle changes on chronic conditions such as diabetes mellitus and chronic kidney diseases. In terms of diabetes mellitus, regular monitoring of HbA1C and renal function has also been practiced in Taiwan to reduce the incidence of diabetic complications such as renal nephropathy, but the number of patients who do not attend these follow-ups are much higher than in the UK.

Learning objective 4: How can I utilize the knowledge and skills learnt over the past five years in real practice, especially in an Asian country which is very different from the UK, such as Taiwan? How does this placement improve and prepare myself to be a better doctor in the very near future?

The most important skills that I have acquired over the past few weeks are the communication skills with patients of a different background. As most Taiwanese patients in the ward speak only Mandarin and Taiwanese language, mastering both languages together with a good communication skill has proven to be very useful. In addition to that, as the patients have very different cultural backgrounds which strongly affect their health-seeking behavior and consequently changes their view points and compliances to the medical advices provided, I find it to be more challenging to communicate effectively

with them. The more important soft skill that I have found useful is to spend plenty of time that I have in the ward to sit down with the patients and explore their ideas and concerns about their own health. Another soft skill is to explain and negotiate things and decisions in simple layman terms with patients who have a completely different viewpoint with full respect. The ability to build up the patients' confidence towards myself actually helps me a lot in preparing my own mentality in facing the real patients when I become a doctor in the very near future.

(1106 words)