

ELECTIVE (SSC5b) REPORT (1200 words)

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

Despite having my roots in Hong Kong, my exposure to primary care in Hong Kong is very limited. I applied for elective placement at the family medicine department in Hong Kong not really knowing what to expect from the three weeks. I was placed to attach with a group of final year medical students who are having their family medicine rotation. Coincidentally, my start date was also their first day of family medicine. So I was very lucky to join the introductory seminars which provided me with good foundation understanding of how primary care works in Hong Kong.

How is primary care organised and delivered in Hong Kong? How do the public perceive primary care services in Hong Kong? How is that different from the United Kingdom?

The first thing that struck me about the primary healthcare system in Hong Kong (HK) is that a large proportion of primary care delivered in the private health service. Only 20% of primary care is conducted in government funded general out-patient clinics (GOPC). Most chronic health conditions such as asthma and coronary heart disease are followed up in specialist clinics in hospitals, only very few conditions are followed up in primary care, namely hypertension, diabetes mellitus and hyperlipidaemia. The NHS system permits general practitioners (GP) to manage more stable chronic conditions, allowing a greater continuity of care, and help relieve hospital workload.

Primary care services in HK are provided by two health bodies, the Hospital Authority that overlooks the government outpatient clinics, and the Department of Health that overlooks the public health aspect, such as cancer screening and family planning clinics. GOPC do not provide public health interventions, which may cleave the healthcare delivery of the patient. For example, if a family medicine clinician realize the patient is eligible for cervical cancer screening, rather than booking an appointment at the same clinic, he/she will have to refer the patient to another clinic. This may make it difficult to follow up or to encourage patient's participation at the screening.

What are the common chronic illnesses in Hong Kong? How do these illnesses impact on patients and their family? How is that different from the United Kingdom?

The most common chronic illnesses seen by a family physician, according to the Hong Kong morbidity survey 2007-2008, are hypertension, diabetes, lipid disorder and dermatitis. This is quite similar to the UK, with the most common chronic illness being arthritis and rheumatism, asthma, hypertension, joint problems, and heart complaints. As mentioned above, many chronic conditions are followed up at specialist clinics in hospitals, leaving fewer conditions managed in primary care compared to the UK.

I had the privilege to visit several community rehabilitation centres that serve to provide multidisciplinary care to patients suffering from physically debilitating illnesses, such as stroke and dementia. Geriatric Day Hospital provides a holistic care to a patient with the

involvement of doctors, nurses, physiotherapists, occupational therapists, speech and language therapists and social workers. I never had any opportunities to visit Day Hospitals in the UK, so this was a very interesting afternoon for me.

The strong influence of traditional Chinese medicine (TCM) in patient's health belief was also very remarkable. In HK, TCM is widely accepted as a health therapy, and patients who choose TCM as first choice medical therapy or as a second opinion to 'western medicine' are usually respected. This is very different from how it is perceived in the UK, as TCM is seen as a complementary or alternative therapy, rarely advised by doctors.

If a patient asks a question, 'doctor, is it okay if I take traditional Chinese medicine for my chronic condition?', a doctor in HK would usually advise patient to be aware that Chinese medicine and western medicine could potentially interact and cause reduced effectiveness. But if patient really desire to consult a TCM physician, they would be advised to see a registered TCM doctor, and inform them about their current medication. However, in the UK, despite also emphasizing potential side effects between different medications, it is emphasized that the evidence for the effectiveness of herbal medicine is generally very limited. Many researches are currently done on TCM, so our perception may change in the coming years.

How is sexual health services delivered in Hong Kong? How comfortable do clinicians feel about discussing sexual health with their patients? What are the patients' ideas, concerns and expectations in the aspect of sexual health in primary care setting in Hong Kong?

Sexual health services in HK are quite similar to the UK, where social hygiene and special skin clinics are run under the Department of Health. This is independent of the general out-patient clinic run by the Hospital Authority. It is free of charge for HK residents, unlike other health service which charges a subsidized fee. Also, no prior booking or referral is needed, minimizing hurdles that may stop a person consulting at the clinic.

To find out how medical students in HK feel about discussing sexual health with their patients, I have conducted an online survey aimed at medical students in HK. Despite the short period of data collection because of the short elective period, I have collected responses from 34 medical students in HK.

I was quite pleased to find that more than half of them feel comfortable discussing sexual health with their patients. About a quarter of them had no previous experience. Two-fifth of them felt that their medical school had not provided enough training to equip them to discuss sexual health issues with their patients.

What are the challenges of consulting patients and communicating with other clinicians in a bilingual (Cantonese and English) environment? How do doctors overcome these challenges?

It is a common practice for doctors to communicate with patients in Cantonese while discussing with other doctors in English. Personally I find it a challenging but fun experience. Most of the time communication is not a huge issue because I am able to talk to patient in simple terms, but when it comes to medical terms, I would sometimes need assistance in

translating the terms. The most challenging part was actually the medication names. In HK, doctors usually address medications by their most common brand name, for example, amlodipine is Norvasc. Yet, in UK, we were not taught to know specific brand names. It was sometimes difficult to comprehend the management of the patient without looking up medication names from the internet or drug formulary.

I found out from part of my online questionnaire that most medical students overcome the challenge of communicating in a bilingual environment by mainly using online translation tool, or online encyclopaedia. Some of them use online health resources and medical textbook. A few suggested they would use drawing to convey the message to the patient. Observing doctors consulting patient in Cantonese also help learn to communicate with patient effectively.

Overall, I find these three weeks a very rich and fruitful experience, experiencing the variety of primary care services provided in Hong Kong. I have also build confidence in communicating with patients in Cantonese. I learnt to appreciate the strengths and weaknesses of the healthcare system in Hong Kong and in the UK. If I had more time, I wish I could have spent more time with patients to learn about their experience of primary care in Hong Kong.