

ELECTIVE (SSC5b) REPORT (1200 words)

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

A comparison of healthcare between Cuba and the United Kingdom

Describe the pattern of disease in patients who present to the "Urgencias"/Emergency Department; and discuss how this differs to the UK

Cuba may be a developing country, but this does not mean that most hospital admissions are patients presenting with preventable tropical diseases or suffering from a lack of basic medical amenities. Much like the UK and other developed nations, the most common presentations to the emergency department are patients suffering from cardiovascular disease (acute coronary syndrome), respiratory disease (asthma and COPD exacerbations), intoxication and trauma. Complications from pathologies such as cancer and diabetes are also prevalent.

Describe the pattern of healthcare provision in Cuba and contrast this with the UK

There are great similarities and also vast differences between the healthcare provisions in the United Kingdom and Cuba.

Cuba is a self-proclaimed socialist country, with a comprehensive welfare state including free universal healthcare and dentistry. Private healthcare does not exist.

In the UK, socialised healthcare also exists with the NHS "free at the point of use", but primary care consists of GPs acting as independent contractors to the NHS and dentistry is partially privatised with a fee paying system in place. Creeping privatisation within the NHS is also occurring with more and more private companies rewarded with lucrative NHS contracts each year. On top of this, systemic underfunding has meant an increasing number of the population are moving to private healthcare following the rationing of services and record waiting times.

Both countries have gone through a period of economic turmoil. In the UK, the recession in 2008 and in Cuba, in addition to the crippling US embargo for almost 6 decades, the "special period", when the Soviet subsidies stopped following the demise of the Soviet Union in 1991. The reaction to these difficult times has been very different.

In the UK, since the election of consecutive right-wing governments (the coalition government in 2010 and then the Conservative government in the UK in 2015) there has been an imposition of austerity. Living conditions have declined with an increase in child poverty, use of food banks and inequality and a decrease in wages as well as cuts made to healthcare and education (resulting in trebling of university fees) and other fundamental provisions.

Cuba also went through a period of austerity in the 90s but kept healthcare and education free with an increase in funding and number of healthcare professionals, however to the detriment of infrastructure. From my elective experience, it is apparent that Cuban hospitals lack many resources. Lots of equipment is simply outdated or not present. The lack of resources has also meant that clinicians are unable to frequently depend upon tests and investigations which would be routinely available in the UK, therefore forcing Cuba doctors to compensate by developing their clinical skills to a very high level.

Contrast this to the UK, where state of the art equipment exists but infrastructure has been prioritised over personnel (at a significant cost with the PFI projects) and therefore a healthcare professional recruitment crisis. Salaries have also decreased in real terms for

almost a decade and the UK has one of the lowest doctor to population ratios within Europe with 2.8 doctors per 1000 people (World Health Organisation, 2015). Contrast this to Cuba with one of the highest doctor to population ratios in the world, with 7.5 doctors per 1000 (World Health Organisation, 2014), almost triple the number of doctors.

Rather than cigars and rum, healthcare has become Cuba's biggest export. Cuba shames the UK and other western countries on its response to global disasters and humanitarian crises (such as the Ebola outbreak in 2014 in Africa). It prides itself on medical internationalism, and has sent more medical professionals to developing nations than all the G8 countries combined

Cuba also sends its' doctors to countries such as Venezuela and Brazil in exchange for oil and funding for infrastructure and has set up medical facilities within the country purposely built for foreign paying patients. Whilst these may go against the ideals of the revolution, it has been seen as necessary to support the country's ailing economy and fund their vast social welfare system. In fact, in 2006, 28 percent of the country's export income came from this industry (Foreign Policy, 2013)

Lastly in order to become an self sufficient nation, Cuba created their own national biopharmaceutical industry. This has allowed them to not only produce low cost medications but innovate and develop new medications for conditions such as diabetes, vaccines and radical cancer therapies such as CIMAvax (BBC News, 2017). Although the UK does not have a nationalised pharmaceutical industry, one of the functions of NICE, the highly renowned institute, is to independently assess medical research and allocate funding for treatments.

How primary care and public health differ in Cuba compared to the UK; and how that affects the conditions the patients present with to the Emergency Department.

Both healthcare and education were regarded as the cornerstones of the Cuban revolution.

For education this is shown by the fact that education throughout life remains free and literacy rate of Cuba is 99.8% (World Health Organisation, 2015).

For healthcare, Cuba's healthcare system is regarded as one of the best systems in the Americas and boasts life expectancies on par or exceeding the performances of developed countries; 77 years for men and 81 for women (World Health Organization, 2016). Infant mortality rates are also amongst the lowest worldwide with 4.76 deaths per 1000 live births (World Health Organisation, 2015) which is only slightly behind the UK figure of 4.5 deaths per 1000 live births (and far exceeds that of the USA; 5.9 per 100,000). Like the UK, Cuba also has a national comprehensive vaccination programme.

Primary care in Cuba handles approximately 80% of the population's health problems (World Health Organisation, 2015) and much of the healthcare budget in Cuba is spent on preventative medicine to reduce admissions to hospitals and improve quality of life for the populace. All patients are categorised according to levels of risk, with at least one routine checkup per annum. Screening programmes such as the cervical smear are also mandatory.

In the UK, public health and primary care is currently undergoing a crisis. Funding for both has been cut in real terms since governmental imposed austerity. This short sightedness is likely to have devastating human and economic consequences in the future. There have already been increases in the number of patients presenting to the Emergency Department with psychiatric disease, following cuts to mental health as well as those with minor ailments due to primary care services being overburdened and there is now more "bed-blocking" than ever due to cuts to social care.

Contrast this with Cuba, where social care and health care are intrinsically linked; with those fit enough to be in home, cared for within the community and where there is less of a barrier between psychiatric services and medical services. In fact, psychiatric services were already in place to help one patient I met in Cuba who was less than 24 hours through his admittance following presentation to the hospital with delirium tremens.

In conclusion, the typical presentations to the emergency department in Cuba hardly differ from the UK. Cuba is a developing country which has the healthcare system of a developed country. One can assume that these pro-active interventions have a positive effect, otherwise how else can a country where the hospitals lack many resources and technologies have mortality and life expectancies on par with (UK) or exceeding (USA) developed countries.

How the experience in Cuba has helped me develop personally and professionally

The experience in Cuba has personally helped me develop and also aided me for my work in my profession.

I have become more familiarised with the Spanish language and have noticed over the period of my stay in Cuba my Spanish improving day by day. At first the Cuban accent was challenging, but daily homework set from the Professor of my department improved my medical Spanish and solidified my medical knowledge. Socialising with locals improved my day-to-day Spanish.

As my placements changed slightly upon arrival I managed to also experience intensive care medicine (as well as emergency care and anaesthesia) therefore lengthening my time in 3 specialities where time is very limited in the final year of medical school and pushing me further towards the career path of ACCS.

Overall Cuba was a fantastic experience. I learnt a lot and I was very fortunate to take part in an elective abroad here.

- BBC News. (2017). *Why an American went to Cuba for cancer care*. [online] Available at: <http://www.bbc.co.uk/programmes/b08md6w5> [Accessed 27 April 2017]
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- World Health Organisation. (2014, 2015, 2016). *Cuba*. [online] Available at: <http://www.who.int/countries/cub/en/> [Accessed 27 April 2017]
- World Health Organisation. (2015). *Cuban experience with local production of medicines, technology transfer and improving access to health*. [online] Available at: <http://apps.who.int/medicinedocs/documents/s21938en/s21938en.pdf> [Accessed 27 April 2017]