

Elective report 2017 Cyprus Makarios

Children's hospital

During my time at Makarios Children's hospital I have had the opportunity to explore various areas of the hospital service. The hospital is the specialist children's hospital for the country of Cyprus and so provides a wide variety of clinical presentations to learn from on a daily basis. These have ranged from complex conditions such as fragile X syndrome and necrotising enterocolitis to more routine upper respiratory tract conditions and gastroenteritis.

From my time at the hospital it seems that the local Greek Cypriot population largely suffer from similar ailments to those in the United Kingdom. This is not a surprising finding given the similarities of a western lifestyle and similar quality of living standards. Although the climate is significantly warmer than the UK in the summer I have not noticed this to have a particularly significant impact on the clinical presentations to date. However this may be as I have been focussed in a paediatric setting. It is likely that such climatic effects may have a greater bearing, from their cumulative effect, on the older population who were not based in my hospital.

The condition that I was surprised to see was that of Tuberculosis (TB). Previously there had been so few cases here that there was not a BCG vaccination programme. In the last 5/10 years there has been a large increase in the number of cases due to many refugees arriving from the middle east as well as many non vaccinated eastern european workers moving to the island with the condition. Despite the increase, the local health system is able to manage it successfully.

The delivery of healthcare in Cyprus is structured differently from that in the UK. The main difference I noted was that there is a very limited primary care service with very few General Practitioners. This can lead to substantial differences in the types of cases being presented to the hospital setting. Far more common colds and worried parents, who would normally be seen and filtered adequately at the GP, present to outpatients clinics. Sometimes this means that specialist paediatricians are occupied with simple cases and can

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lead to a greater number of unnecessary admissions. However the system works well and junior trainees are often able to filter out the serious cases and patients are moved efficiently through the system. The public/private split of provision can sometimes prove problematic. This is because often parents will have taken their child to see a private paediatrician previously and then present to the children's hospital (a public institution) later on without any of their previous medical background being known. However this rarely causes any significant problems in part due to the fact that most private paediatricians have trained at the public hospital and have good working relationships with the current doctors.

In regards to medical treatment itself, the hospital primarily uses a mix of protocols and treatment algorithms from the NHS, the Greek healthcare system and the American providers. They are thus able to select the most appropriate guidelines to meet the needs of their population and available resources. This proves to be an effective way to maximise the benefits of healthcare provision.

The main condition that seems to disproportionately affect the local population is that of Thalassaemia. This inherited blood condition has a much higher prevalence in the Greek Cypriot population with many non affected individuals being carriers. This is thought to be because of the small size of the island with its largely homogenous population. However because of this, there are specialised centres just for people with this condition and those who want to find out if they are carriers. As a result, few of the patients I saw were at the hospital because of complications of the condition.

Throughout my time at the hospital I have had the opportunity to interact with patients in both the outpatients setting as well as the ward. The population is almost all bilingual in greek and english, with all the doctors being fluent in both. This has provided an excellent learning opportunity to explore the different types of doctor-patient interaction as well as medical conditions in a foreign system without being overly obstructed by language barriers. The doctor patient interaction seems more relaxed than in the UK and seems to follow the friendly and interpersonal nature of the island as a whole. This seems to be of great benefit to the patients and can also aid the doctors in getting to the root cause of the problem more quickly. The medical forms and

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texts used by the doctors combine both english and greek and many of their teaching presentations are done through the medium of english.

Overall it has been a fascinating insight into the workings of the Cypriot healthcare system and the medical conditions of the local population.

The healthcare provided is of a very high standard and patients seemed very happy with the service.

Everyone in the medical team I have been with has been very accommodating, friendly and eager to teach. This combination has made this elective placement both educational and enjoyable.

Oliver Davies



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