

ELECTIVE (SSC5b) REPORT (1200 words)

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

Ever since my 4-week placement in Obstetrics and Gynaecology in fourth year of medical school, I have been intrigued by the specialty, and I am considering it as one of my career options. I was curious as to what Obstetrics and Gynaecology is like in Singapore, my home country, and thus I undertook a 3-week elective in KK Women's and Children's Hospital, the largest public tertiary hospital providing specialist care for women, babies and children.

The objectives I set for myself for this elective are as follows:

1. What are the prevalent gynaecological conditions that require specialist treatment in Singapore? How do these differ from the UK?
2. How are Obstetrics and Gynaecology services provided to patients in Singapore? What are the differences between the two healthcare systems?
3. To explore attitudes, behaviours and cultural beliefs to women's health, pregnancy and childbirth in Singapore.
4. To gain insight into the life of a doctor in Obstetrics and Gynaecology in Singapore as it is a field I'm interested in, and to improve my clinical skills in Obstetrics and Gynaecology.

In the past 2 weeks, I have attended Specialist Outpatient Clinics with O&G trainees, Colposcopy and Gynaecological Cancer Clinic, observed the workings of Labour Ward, and attended a few sessions in theatres.

The Specialist Outpatient 'C' Clinics see any patient with a general Obstetrics and Gynaecology condition, and also provide antenatal care to expectant mothers. The common presenting complaints from observation are menorrhagia, amenorrhoea and post-menopausal bleeding, and the common gynaecological conditions in clinic are fibroids and ovarian cysts, all of which do not differ much from the UK. There are specialist clinics such as the Gynaecological Cancer Clinic, Urogynaecological Clinic, Colposcopy Clinic, PCOS Clinic, and Infertility Clinic, which provide more specialised care for these patients.

Healthcare is provided to people in Singapore in both the public and private sectors. Unlike the NHS, hospital and GP services are not free, but are subsidised by the government. In addition, patients can also use private insurance to pay for their healthcare. After the government subsidy, patients can use Medisave, which is a mandatory account where part of their monthly wage goes to.

If this is still not adequate, there is Medishield Life, which is a national insurance healthcare scheme where patients pay annual premiums, and are protected from large hospital bills incurred by treatments such as chemotherapy. Medifund, a government fund, is available if this is still not sufficient, and can be applied for when Medical Social Workers have assessed the patient's financial status and their need.

Primary healthcare is easily accessible via public polyclinics or private GPs. Visits to polyclinics are subsidised by the government, and there is a Community Health Assist Scheme (CHAS) for lower income families to encourage them to access primary care services if required.

O&G services in Singapore are not provided by every public hospital. They are mainly provided through KK Hospital, and also in Singapore General Hospital and National University Hospital. Private clinics and hospitals also provide O&G services.

Cervical Smears

Every patient is routinely asked about their cervical smears, and screening for cervical cancer is quite opportunistic in that way. Cervical screening is not free and is not compulsory in Singapore, but is subsidised at a high rate under the Health Promotion Board's Screen for Life Programme to encourage women to go for their Pap smears (5 SGD at GP Clinics under the scheme). Pap smears can be done at polyclinics, private O&G clinics, and in hospitals, and is also provided free of charge by the Singapore Cancer Society. In recent years, the Pap smear has been combined with the HPV test in hospitals. Women are encouraged to go for their smears every 3 to 5 years. Cervical cancer is among the top 10 cancers in women in Singapore, but the rate has been declining. Medisave can be used to claim for the cost of the HPV vaccine, and is licensed in women from the age of 9 to 26 in Singapore.

Patients with identified dyskaryosis or HPV positivity are then referred to the Colposcopy clinic, and practices do not differ much from that of UK, where patients with CIN 1 are usually followed up, and those with CIN 2 or 3 undergo cone biopsies or Loop Electro-Excision Procedure (LEEP) as it is called in Singapore, which is known as Large Loop Excision of the Transformation Zone in the UK.

Antenatal Care

Pregnant mothers in Singapore can choose to see an Obstetrician in private practice, see an Obstetrician under private rates in public hospital and be able to choose which doctor they want, or they can opt for subsidised antenatal care, where they usually see a different doctor each time in clinic. Community midwife care is not established in Singapore. Mothers usually see their Obstetrician once monthly, and usually undergo a booking scan around 10-12 weeks to estimate the gestational age of the foetus from their Crown-Rump length, an anomaly scan around 20 weeks, which is pretty similar to the UK. In Singapore, mothers also undergo a growth scan at 36 weeks. This is to accommodate late bookers and also provide an opportunity for intervention if required. About 3% of the population in Singapore are carriers of thalassaemia, and this is screened for every patient.

All mothers in Singapore are encouraged to undergo an Oral Glucose Tolerance Test, as a local study picked up that gestational diabetes is relatively common in Singapore and usually goes unnoticed. This is different compared to the UK where only mothers with risk factors such as their ethnicity go for the OGTT. The intake of multivitamin supplements such as Obimin are also encouraged by the Obstetricians and are routinely prescribed for expectant mothers, which is not common practice in the NHS.

Expectant mothers who encounter any problems before 22 weeks can attend the 24 hour Obstetrics and Gynaecology Clinic, and those who are more than 22 weeks can attend the Labour Ward Triage.

In terms of attitudes to women's health in Singapore, from observation in clinics, Singaporean women have a lot of trust in their doctors, and are generally quite ready for investigations, interventional procedures, and surgery, if it is recommended by the doctors, and have less questions compared to patients in the UK. This surprised me, as apart from these procedures costing a fair bit of money, some

operations such as a open myomectomy, or a total abdominal hysterectomy with bilateral salpingo-oophorectomy are relatively big operations, but the patients that I have seen have no qualms about them as they are more concerned about removing their fibroids or cysts as quickly as possible. Most of the patients in clinic are also keen on having their Pap smears whenever offered by the doctor.

Overall, it has been an insightful placement the past few weeks in KK Hospital. While there are a few cultural differences in practice, it was nice to discover that the practice of Obstetrics and Gynaecology largely does not differ, be it the UK, South Korea (where I did my previous Obstetrics and Gynaecology elective) or Singapore. It was interesting to see the attitudes of Singaporean women in terms of their antenatal or gynaecological care and what their worries were, as thus far I have mostly only seen O&G from a British perspective. I had the privilege of meeting and interacting with a few doctors who are very passionate about their field, and have good bedside manner with patients that have inspired me to follow in their footsteps in the future. I hope my time as an F1 in the UK with one rotation in Obstetrics and Gynaecology will be able to equip me with some of the skills required when I do come back to work in Singapore.