

ELECTIVE (SSC5b) REPORT (1200 words)

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

I have always wanted to visit Seoul, South Korea, as I have an interest in Korean culture and cuisine. I finally had the chance by choosing to do my elective for 3 weeks in Obstetrics and Gynaecology in Seoul National University Hospital, one of the top hospitals in South Korea.

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

- 1. What are the prevalent obstetric and gynaecological conditions that require specialist treatment in South Korea? How do these differ from the UK?**
- 2. How are Obstetrics and Gynaecology services provided and delivered to patients in South Korea? 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 South Korea.**
- 4. To gain exposure and experience in emergency and elective obstetric and gynaecological surgery in a highly advanced Asian city as Seoul, and to improve my clinical skills in Obstetrics and Gynaecology.**

Seoul National University Hospital (SNUH) is a university hospital as well as a tertiary hospital. Tertiary hospitals in South Korea have a wide range of specialist departments and services. Other places where South Koreans can receive healthcare are in clinics (including general practitioners and local specialist clinics), or in general hospitals. Waiting times for local clinics and general hospitals are not usually very long, and the cost of prescription medicine is usually low.

South Korean citizens pay a tax every month, of about 3% of salary (increases with the salary) to the National Insurance Healthcare Corporation (NIHC), which manages the National Health Insurance Scheme (NIHS). The NIHS subsidises about 50% of the cost of most basic care, and the individual pays the remaining 50%. However, the NIHS usually subsidises more complex treatments or imaging such as MRI at lower rates, or might not even subsidise it at all, and these costs can build up to remarkable amounts if not covered by private insurance.

Gathering from what the doctors and medical students in SNUH have told me, tertiary hospitals in South Korea usually require a referral letter from a clinic or a primary hospital. This is mostly because South Korean citizens can choose to see a doctor anywhere in the country, and they usually opt for doctors in the 'top hospitals', which are usually the tertiary and university hospitals. The requirement for a referral letter prevents long waiting times and also allows patients with more complex conditions to be able to access tertiary services.

This is very different from the UK and the NHS, where patients can only be seen by services offered in their geographical area, and waiting times can be very long. However, most treatment in NHS is 100% paid for by the state. Both healthcare systems have their pros and cons.

In my time the past 2 weeks on the labour ward (or delivery facility as it is called in SNUH) and in gynaecological theatres, I have managed to observe many procedures for the first time, and it has been a thrilling experience. In contrast to the UK, the labour ward in SNUH has no midwives at all, and every

birth is tended to by an equivalent of a Consultant Obstetrician. All natural deliveries are carried out in a specialised delivery theatre, in the case that assistance might be required. In SNUH, forceps are not used for assistance but vacuums are. Foetal scalp sampling is also not carried out, and decisions for whether a C-section should be carried out are decided mainly on non-reassuring signs on the cardiotocogram, which is different from that in the UK, where foetal scalp sampling is usually first-line when there is evidence of foetal distress.

Antenatal care is strictly carried out in hospitals in general, and there are no community midwives or the equivalent. As SNUH is a tertiary hospital, usually more complicated cases are seen here, such as placental problems, pre-eclampsia and multiple pregnancies. I have seen quite a few C-sections (and even got to scrub in for one) of multiple pregnancies in my short time here, such as dichorionic diamniotic (DCDA) twins and even dichorionic triamniotic triplets. There are only about 150 cases of triplets born in South Korea in a year. Professor Jeon, who is very passionate and an expert in foetal medicine, even kindly translated his teaching to local medical students on twins and the placenta to English for me, and I really treasured the experience.

On the labour ward, there are also rooms for day surgery. Day surgery includes fertility procedures such as ovum aspiration, hysteroscopy, dilatation and curettage. I managed to see procedures such as amniocentesis, hysterosalpingosonography and cervical cerclage (modified Shirodkar's) for the first time, and also witnessed a case of delivery with placenta accreta, which was hectic.

From what I have observed, the gynaecological conditions seen commonly in SNUH do not differ much from the UK. There are many cases of leiomyoma. Screening for cervical cancer is largely subsidised by the state. Although I did not have much opportunity to scrub in (possibly due to the legalities as I was a foreign medical student, and also being a university hospital there were quite a number of trainees), the theatres were well equipped with the latest technology including robotic surgery, and there was a huge TV screen from which I could observe the whole surgery.

I had a limited time in gynaecological surgery during my placement in 4th year, and really felt privileged to be able to observe so many surgeries such as a total abdominal hysterectomy, open myomectomy for submucosal leiomyomas, and laparoscopic-assisted vaginal hysterectomy in a short span of time.

In terms of attitudes relating to women's health, as the cost of healthcare is relatively low in South Korea, women tend to seek the help of doctors whenever they are having any symptoms such as pain or menorrhagia. This may be good in that it aids early detection of any pathology. The birth rate in South Korea is low, and thus the government highly encourages births and subsidises 50% of normal deliveries as well as C-sections, and mothers are charged the same amount even if they choose to do a C-section with no indication (but have had the risks and benefits explained to them).

In terms of my future career considerations, this elective in SNUH OBGYN has allowed me to observe many procedures for the first time, and has definitely opened my eyes to the vast field that is Obstetrics and Gynaecology. It was an experience to witness the professionalism of the doctors and nurses, and the different practices in the operating theatres. It is a pity that I was unable to gain a full insight being unable to participate in outpatient clinics due to the language barrier.

I have definitely gained a better appreciation for foetal medicine and would like to find out more and participate more in procedures such as fetoscopy and chorionic villus sampling, as well as learning more about the use of sonography in Obstetrics and Gynaecology. Dr Han Ji Yeon, the resident in charge of

medical students education, was a brilliant mentor and help to me the past few weeks, and I thank her for being so patient and kind! The Professors were also very receptive and glad to have an elective student around, and I will always remember their kindness.