

ELECTIVE (SSC5b) REPORT (1200 words)

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

Objective 1

Over the course of my elective, I have encountered a vast array of differences between the healthcare of Cuba and that of the United Kingdom. With my time being split between Accident and Emergency as well as General Surgery, I was able to not only explore how these practices were run but I was also exposed to the various types and presentations of disease in the country.

With tobacco and rum being two of the main produces in Cuba, it only seems reasonable to assume that these are both key aspects of Cuban culture. Rightfully so, this will undoubtedly have health consequences. And whilst the 1950's American cars are beautiful and another vibrant part of the Cuban culture and history, the lack of catalytic converters means that the population - certainly in cities like Havana and Santiago de Cuba - are constantly exposed to toxic pollutants.

For these reasons, Cuba is known to have a significant number of patients with chronic respiratory and hepatic disease and it is common to regularly see patients on the ward with conditions like COPD, emphysema and alcoholic hepatitis. Each of these conditions are treated in a similar way to the United Kingdom however because the quality of treatment they receive is not as great, outcomes differ significantly.

Over the past 5-10 years, the United Kingdom has increased pressure on tobacco companies to act in the interest of public health. A high tobacco tax, health-related images on packets and even the debate of removing branding has meant that fewer and fewer people in Britain smoke. There is also increasing debate regarding minimum pricing per unit of alcohol; although this has yet to be implemented. So far, I have not seen any similarities in which the Cuba people tackle smoking and alcohol, though it would be interesting to see how this changes with time.

Other diseases that are prevalent in Cuba include a number of infectious conditions that aren't seen in the United Kingdom. Dengue fever and Zika are far more common in Cuba, as is typhoid and malaria. Patients infected with these conditions are treated with fluid and antibiotics. The protocol for treating infection and sepsis is incredibly similar, however it is far less aggressive than seen in the United Kingdom.

Objective 2

Cuba is known to have one of the best healthcare systems in the region of Central America and the Caribbean. It is so great in fact, that medical education has been one of Cuba's greatest exports. Very often, countries will trade oil and mineral in exchange for the opportunity for their students to be trained at medical schools in Cuba. As a result, Cuba has one of the greatest ratios of doctors per 1000 population in the world at 7.51 (2.55 and 2.8 in the United States and United Kingdom respectively). Furthermore, the World Health Organisation has claimed that Cuba is one of the few, if only, third world countries to have health care comparable to most first world countries. A remarkable feat for a country that is so-called "trapped in the 50's" following its embargo with the United States.

Whilst healthcare in Cuba has been frequently applauded, wards are still limited in equipment and supplies. There are on average just 12 beds per ward and poor sanitation throughout. Medical staff wear long gowns that are washed infrequently and surgical theatres provide only soap for surgeons to use whilst scrubbing up. Nonetheless, there are some infection prevention strategies. Staff must wash hands between patients (albeit drying their hands with a dirty cloth) and they are forbidden from wearing jewellery whilst at work. Wristwatches are permitted.

The Cuban healthcare system itself is government-run and provides healthcare that is free at the point of use, similar to that of the NHS. Chinese and herbal medicines are provided via free prescriptions however patients must pay for drugs offered by specialist services. Similar to the United Kingdom, repeat prescriptions can be collected from local pharmacies without having to visit a doctor. Equally similar to healthcare in the U.K. is the provision of healthcare via specialist centres. Santiago de Cuba is considered Cuba's second capital (after Havana) and with the city, it has five hospitals. Three of these hospitals have specialist centres in trauma, cardiology and paediatrics and it is common for patients to be transferred to the corresponding hospital depending on their condition.

Objective 3

The history of the Cuban healthcare systems stems from the political work of Fidel Castro who envisaged a communist state that provides essential services for its population free at the point of use. With regards to healthcare, this stretches beyond the realms of treating disease and in fact focuses much of its efforts on prevention rather than cure.

An example of this begins at the birth of every Cuban where new-born babies receive vaccinations that continue throughout early childhood, similar to in the United Kingdom. The immunisation schedule of Cuba is far more extensive than most other countries in the Caribbean and Central America and is testament to their success in the biotechnology industry - once again thanks to Fidel Castro. Ironically, the success of this industry stemmed from the US-embargo as Cuban citizens were unable to import medications from the United States. Now however, many Americans are breaking US-embargo law by travelling to Cuba for a newly-found lung cancer treatment, Cimavax. Researchers have even hypothesised that this treatment could be used in the future as a vaccination to prevent lung cancer - a further feat in the success of the Cuban public health system.

Other successes of Cuban public health is down to the sheer numbers of doctors present in the population. When speaking with patients in hospital and the general public, I have been overwhelmed by how many new doctors personally - either through friends or family. This is perhaps the greatest public health measure as it means that access to healthcare, even via a conversation outside hospital, is incredibly easy. It seems that most of the time, the Cuban people consult with a family doctor or friend that works in hospital about an illness or concern they have before attending hospital. For this reason, many Cubans are familiar with worrying symptoms, they are aware of potential health risks and are equally aware of means of preventing disease. This concept differs greatly from the United Kingdom, which has a far low ratio of doctors per population and therefore needs to rely on government-organised campaigns to instruct people about good health. Perhaps Cuba could learn something from the health campaigns in the U.K., but equally so, we could learn something from Cuba - that having sufficient doctors in the country not only helps the workings of the NHS but also allows more people access to medical knowledge outside of the typical healthcare setting. To me, the best form of public health would be a combination of the two.

Objective 4

Over the course of my elective, I have found numerous difficulties in both understanding the language and the medical system in Cuba. My time at the *Hospital General "Dr Juan Bruno Zayas Alfonso"* gave me the opportunity to fully integrate myself into an unfamiliar medical system. And although it was challenging to understand and communicate with the doctors in Spanish during my first week, by the time I finished, I felt confident in my ability to not only examine and take a history from patients but also to relay my differential diagnoses and management plans to the rest of the team in Spanish.

I remember during the first few days of elective, when my Spanish was at its worst, I was unable to understand some of the basic medical terminology. It was certainly a challenge but having been asked to prepare presentations on a number of different medical topics, it wasn't long before I grasped a lot of the medical jargon. This feat set the precedent for a far more involved experience in the hospital as I was soon able to confront unfamiliar doctors and ask to join them on ward rounds and during team meetings.

The next aspect of my linguistic development was then to not just use the correct terminology when speaking to patients but formulate my questions and the rest of my consultation with empathy. This was a challenge, as I usually translated what I wanted to say in the easiest way possible - however this was not always the most sensitive way. Gradually, as my language became more and more proficient, I was able to develop my communication skills in a way that allowed me to build a much better rapport with my patients. To me this was a pivotal moment of my elective as I stopped seeing the patients on the ward as people I couldn't understand, and started seeing them beyond the person in the hospital bed. I learned about their lives and struggles, their family and background. And above all, it made everything far more satisfying when I saw them leave the hospital a few days later have been treated successfully.

In summary, I have thoroughly enjoyed my hospital placement in Santiago de Cuba, a city rich in culture and colour. Throughout my training in hospital, I have not only grasped a thorough understanding of the both the Cuban healthcare system and daily functioning of a general hospital, but I have also developed my Spanish to the ability that I can examine, investigate and discuss patients with a team of doctors and come to an appropriate degree of management for the patient. I'd like to thank all of the staff that have made my time here so enjoyable and wish them all the best in the future.