HEALTH PROMOTION

Hasanein Al-Hasani

ELECTIVE REPORT

What are the prevalent medical conditions in Lebanon and how do they differ from the UK?

No official national collected data has been found on the causes of death in the Lebanese population, however the WHO organisations' preponderance of data reports ischaemic heart disease (IHD), cerebrovascular disease (CVD), road traffic accidents (RTAs), hypertensive heart disease and respiratory infections to be the leading causes of death.

In the UK the office for National Statistics tabulates death counts and causes of deaths along with the age and sex of the deceased coded in an international format (using WHO classification) as to make universal comparisons geographically. Certain agencies accumulate data regarding a particular cause of death, for example, adverse reactions from drugs and medical devices or following operations, this is to prevent interference from outside sources such as pharmaceutical companies thereby preventing bias. This method of data collection is not available in Lebanon.

The leading cause of death for all age groups in the UK is similar to that of Lebanon with IHD and CVD topping the list, from here onwards the prevalence differs between the sexes with lung cancer being the third most common cause for males and for females respiratory infections. In the UK RTAs appeared in the top 10 for males but not females.

How are medical Services organized and delivered and how does this differ from the UK?

Healthcare expenses in Lebanon currently account for more than 11.3% of GDP in 2008, mostly from the private sector (80.06%) and these expenses are mostly paid by "out-of-pocket" money meaning people are individually paying for their own healthcare. Government failure to pay public healthcare bills has forced many Lebanese to hold expensive private healthcare insurance (27%) or pay dearer bills at the point of use. The private hospital American University of Beirut Medical Center (AUBMC) is accredited by the Joint Commission International (JCI), the largest accreditor of healthcare organisations in and outside the USA, this highlights the quality of services and are therefore able to charge more than other hospitals.

Poor migrant workers or asylum-seekers are particularly vulnerable to Lebanon's expensive healthcare system , adding further fuel to the fire is the fact that since the civil war Lebanon's healthcare system has been built on sectarian standards. Each sect now has its own hospitals and clinics which provide their own people with free treatment, this highlights the need for both public and private hospitals to be under independent management to rule out corruption.

In the UK the NHS, paid for mainly by tax receipts, is largely a state-run system with private sector generally used as a 'top-up' service to the NHS paid for by complementary private insurance or full private healthcare, those opting for these are on the rise. The NHS provides healthcare to all permanent residents in the UK and is free at the point of use, there is however charges associated

with eye tests, dental care and prescriptions for example. In the UK healthcare expenditure is estimated at 8.7 % in 2008 of GDP (public expenditure 7.2 %, private healthcare 1.5 %) In UK there is division of health services into primary and secondary care with commissioning trusts responsible for examining local needs; this is not available in Lebanon. In the UK there are steps to maintain national consistency in quality of healthcare by an accreditation system through an independent regulator of all NHS trusts performances, the commission for healthcare improvement (CHI.) After each review the trust prepares an action plan to address areas for improvement identified by the CHI report.

In Lebanon there is an oversupply of high-quality complex curative care and specialised physicians meanwhile primary care remains primitive with uneven distribution, low utilisation, and poor results which is the opposite to the UK where General Practitioners are the first port of call for patients. Such an expensive healthcare system in Lebanon is definitely unsustainable in the long-term. The need for change however has many barriers in Lebanon, the political deadlock in the country and the volatile situation in the Middle East as a whole means presenting health reforms at political centre stage remains daunting and it is more likely that change will happen in small incremental steps unlike in the UK where Andrew Lansley's (the Health Secretary) current health and social care bill presented earlier this year has the potential for the NHS to undergo radical change and is still in the pipeline.

Evaluate the emphasis put on health promotion strategies in Lebanon and compare this to the UK? Discuss the effect this has on both prognosis and patient satisfaction?

There has been a decline in incidence in most infectious diseases and malnutrition and a shift to more chronic diseases, therefore prevention strategies has become more of an issue in Lebanon. Cancer is on the rise most probably due to the availability of modern medical care in remote areas of Lebanon which were previously heavily involved in the war such as the south of Lebanon. Despite this, ethos is on curative rather than preventative diseases and prevention strategies are limited to vaccination programs.

In terms of Breast screening AUBMC received a generous grant from an individual and therefore have an independent setup with all the latest equipment accompanied with a health campaign set at an educational level. This needs to be incorporated nationwide especially since breast cancer presents at a younger age in Lebanon compared to western countries and therefore commencement of screening is recommended at age 40. This campaign obviously leads to an increase in patient satisfaction especially since many Lebanese tune in to medical TV shows educating them about the importance of screening, on the contrary people less well-off will not be able to afford this set-up with the old adage 'Money makes the world go around 'being ever so prevalent here.

Unlike Breast Cancer there is a national screening programme for Prostate cancer ever since 1994 that has resulted in an increase in incidence and early detection for another cancer that is potentially curable. Other screening programs are unavailable in Lebanon unlike the UK where several exist.

Hasanein Al-Hasani

How will I apply my experiences gained on my elective in Lebanon in practice as a working health care professional in the UK?

AUBMC provides high quality services so my experience here was that of an elective solely exploring a career in radiology as much the same way as in the UK.

I have learned that as a radiologist you need to interact with colleagues from almost every other specialty on a routine basis and be able to come up with a differential diagnosis based solely on imaging findings and then tailor it to the clinical situation, this is something that radiologists enjoy and practice on a daily basis. I also gained insight into the rapidly expanding field of interventional radiology and recognised that establishing rapport with patients is paramount during these procedures, many of which are therapeutic involving highly technical skills.

I will transfer my experiences gained on my elective in Lebanon to when I start working in the UK by firstly gaining more experience in this field I wish to pursue, firstly by pursuing research and audits in this field, opting for taster weeks in radiology as a foundation doctor and attending courses. I have also learned that reading and updating your medical knowledge is fun and should not be seen for the basis of assessments only. With time I believe this will become second nature for me.

Keeping up-to-date with new innovations is exciting for the radiologist, this field is developing at a fast pace with even more imaging modalities in their armamentarium, ones that spring to mind are tractography and software corrections for removing artefacts from CT scans.

Probably the most relevant learning point for me when I start working as a house officer is to communicate clearly with the radiology department and give adequate patient history to help guide the radiologist. I have noticed that this is a problem both in Lebanon and the UK.