

ACCIDENT  
+ EMERGENCY

**Student Elective Report  
SSC 5C  
MBBS 2010/11**

**Elective Location: East Jerusalem, Palestine  
Elective Institution: Al Makassed Hospital**

**Mizanul Hoque**

**Barts and The London School of Medicine and Dentistry  
Garrod Building, Turner Street, Whitechapel  
London E1 2AD**

**Introduction:**

This report outlines my five week elective placement at Al Makassed Hospital, Jerusalem. This placement formed part of our final year of the MBBS programme and gave us the opportunity to experience how healthcare provision in Jerusalem differs from that in the UK.

We have structured this report around four objectives as follows:

- 1. What are the most common emergency presentations in a busy Jerusalem hospital? How do they differ from a typical London hospital?*
- 2. How is the health system organised and delivered in Palestine? How does it differ from the UK?*
- 3. Gain experience in the evaluation and treatment of various acute medical and surgical disorders.*
- 4. Attain a rudimentary understanding of the Arabic language. Attempt to clerk a patient in the Arabic medium.*

**Background:**

Al Makassed hospital is the leading medical centre in Palestine, providing secondary and tertiary care for all Palestinian citizens (from the West Bank and Gaza Strip). Founded in 1968, Al Makassed has 250 beds and a staff of over 750 employees. The hospital has a wide range of services, including surgery, obstetrics & gynecology, pediatrics and neonatology, internal medicine and an emergency department. The hospital is also affiliated with Al Quds University Medical School.

### **Objective 1:**

**What are the most common emergency presentations in a busy Jerusalem hospital?  
How do they differ from a typical London hospital?**

The emergency department at Al Makassed hospital is a consultant led service accessible 24 hours a day, seven days a week. The core healthcare team also consists of emergency medicine nurse specialists and junior doctors. There is an effective triage service whereby the patient is initially assessed by a nurse or junior doctor, and then further action is determined by the urgency of their condition.

As there is a very poor primary health infrastructure in the occupied Palestinian territories, acute exacerbations of many chronic conditions also present at the emergency department. Examples include many diabetic related presentations (hypoglycaemia, diabetic ketoacidosis and hyperosmolar state). The most common presenting complaint in Al Makassed is acute trauma (commonly from road traffic accidents and sports related injuries). Presentations related to Ischemic Heart Diseases such as Acute Coronary Syndrome are also common.

Emergency medicine in Al Makassed has notable differences to London hospitals, most strikingly in relation to resources (both human and medical equipment) and capacity. Furthermore, a significant percentage of the UK emergency presentation are directly or indirectly related to alcohol abuse. The total impact of alcohol on the NHS has been estimated to be £2.7bn annually (1). In sharp contrast, alcohol related presentations in Al Makassed were negligible.



## Objective 2:

**How is the health system organised and delivered in Palestine? How does it differ from the UK?**

The Palestinian health system is made up of fragmented services that have developed over many decades. The principle health care providers within Palestine are the Palestinian Ministry of Health, United Nations Relief and Work Agency, Non-governmental organisations and the private medical sector. Despite many attempts, an integrated and coordinated health policy for the whole Palestinian territory has not emerged. Many attempts to develop and renew the health system by the Ministry of health have been met with the various obstacles. Restrictions placed by Israel on the free movement of Palestinian goods and labour across borders have resulted in damaging consequences to not only the health care system but also the economy and society. First hand examples of the consequences of these impediments included the very weak primary health infrastructure with an almost absent public health service. A very high number of hospital inpatients had 'later stage illnesses'. The prevalence of smoking was also very high, with little knowledge about its ill effects. During our placement, junior doctors were staging a strike, as they had not been paid for two months. Building restrictions in occupied East Jerusalem meant that there was a critical space shortage in the hospital, where, at times, patients had to be accommodated in corridors and on the hospital roof. All patients required health insurance to receive treatment; for patient's without insurance, the cost of treatment had to be paid to the hospital's finance department.

In the UK, the National Health Service (NHS) provides health care for all UK citizens free of charge, being directly funded from taxation. The UK health service is generally divided into primary and secondary care (see figure 1). Primary care is usually the first point of access of health services; it is delivered in the community by different healthcare professionals including, general practitioners (family doctors), optometrists, pharmacists etc. secondary care offers more specialist services and is usually delivered in hospitals or other specialist centres; patients are usually referred from primary healthcare services. The NHS is controlled by the Department of Health, headed by the secretary of health, who reports to the prime minister.

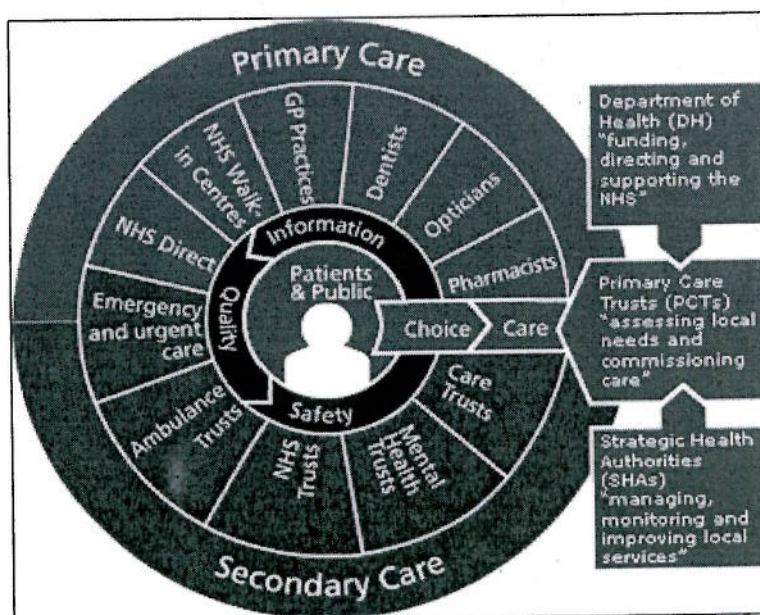


Figure 1: The structure of the NHS (2)

### Objective 3:

#### **Gain experience in the evaluation and treatment of various acute medical and surgical disorders**

Below is a summary of a selection the diverse cases we have encountered and observed during our time at Al Makassed.

Emergency Medicine	Internal Medicine	General Surgery
1. 33yr old male, Follicular tonsillitis with possible rheumatic heart disease	1. A 55 year old man who presented with severe chest pain, shortness of breath, diagnosed to be Non- ST Elevated Myocardial Infraction	1. 17yr old girl post appendicectomy with bowel malrotation
2. 9yr old boy, Left wrist Greenstick fracture	2. A 67 year old women presenting with ulcers in her mouth and genitals, diagnosed to be Behcet's disease	2. 46yr old man post-AP resection following a rectal tumour.
3. 14yr old male, right first metacarpal fracture	3. 43 year old female with pulmonary hemorrhage (found on biopsy) and haematuria, possible diagnosis of Goodpasture's syndrome	3. 32yr old lady post-surgery, underwent stripping of long saphenous vein due to varicosities
4. 35yr old lady, 12weeks gestation with right iliac fossa pain. Dx with severe UTI	4. 44 year old obese male presenting with shortness of breath and leg pain following a long flight - Deep Vein Thrombosis and Pulmonary embolism	4. 10yr old boy with 4cm*4cm haemangioma
5. 7month old girl, frontal haematoma and nasal area lacerations following fall	5. A 55 year old patient with Coarctaion of aorta and Aortic regurgitation, admitted for surgical repair.	5. 58yr old man admitted with bilateral claudication to level of buttocks. Contrast studies requested
6. 50yr old lady, epigastric pain, ECG showing IHD changes with a positive family history for IHD	6. 57year old women, very poorly controlled Type 2 Diabetes, with peripheral vascular complications	6. 53yr old man with 5 arterial ulcers, bilateral spread. Investigations planned to assess extent of arterial disease
7. 28yr old male, left sided flank pain, Dx with ureteric colic after Abdominal X ray	7. 16 year old pregnant girl presented with severe shortness of breath, found to have primary Pulmonary Hypertension	7. 44yr old lady, non-healing venous ulcer
8. 19yr old male, deep laceration to left mid forearm with flexor tendon damage.	8. 45 year old male with severe anemia and Massive splenomegaly myelofibrosis	8. 7yr old with neurofibromatosis
9. 72yr old lady, presented with fever and SOB, Dx with right lower lobe pneumonia	9. 57 year old lifelong smoker, presents with severe chest pain and shortness of breath on exertion, admitted for elective angioplasty	9. 4yr old girl, Fallot's tetralogy correction
10. 19yr old male, fall from 6m, displaced fracture of right tibia and fibula, two deep lacerations to face	10. 66 year old male, life long smoker, admitted for acute exacerbation of COPD	10. 55yr old man, diabetic, extensive gangrene of right foot, booked for amputation of first, second and 3 <sup>rd</sup> toes.



#### **Objective 4:**

#### **Attain a rudimentary understanding of the Arabic language and attempt a basic clerking in Arabic**

The Arabic language is spoken by hundreds of millions of people worldwide and has a very rich literary history. There are many regional variations (dialectal Arabic) of the Arabic language and these variations can even differ enough to become mutually unintelligible. Modern Standard Arabic, based on classical Arabic (fusha) is the common Arabic language used in most published texts, media outlets and official communications.

A basic medical clerking is presented accompanied by a transliteration in Arabic (Modern Standard Arabic).

#### **Medical history (*with Arabic transliteration*)**

##### ***Introduction***

Peace be upon you (greeting) / How are you?

*As salaamu alikum / Kai fa haluk*

I am a medical student from Britain, my name is ...

*Ana talib at tib min britanniya, isme ...*

What is your name?

*Ma ismuk?*

How old are you?

*Kam umuruk?*

I am happy to meet you.

*Ana masruurun beliqaaik*

##### ***Presenting Complaint / History of presenting complaint***

Why are you in hospital? / What is the problem?

*Lemaza anta fil mustasfaa? / maza muskilah?*

Pain:

*Al-alaam:*

Where is the pain?

*Ayna al-alaam?*

When did it start?

*Mata bada'a al-alaam*

Was it sudden or progressive?

*Hal kana mufajiann aw tadreegeann*

What does it feel like?

*Kayfa tashur al-alaam*

Does it spread anywhere?

*Hal alaam yantasheru illa iyyi makan?*

How long have you experienced this?

*Munzu mata wa anta ta'aani min haza?*

Does anything make it better or worse?

*Iyyi shayin ja'ala al-alaam afdal aw aswa*

How severe is the pain from 1-10?

*Ma heya shadduhu min sifr il asharah?*

### ***Past Medical History***

What other medical problems do you have?

*Hal t'aani min mashakil tibbiyyah aakhar?*

### ***Drug History***

Are you on any regular medications?

*Ma heya al-adwiyah al-late ta'khudhuha?*

Do you have any drug allergies?

*Hal ladyak hisasiyyah min iyyi shay?*

### ***Family History***

Does any one else in the family have this problem?

*Hal hunaka shakhs akhaar fi 'aailatik 'aindahu haza al-marad?*

### ***Social History***

Do you smoke?  
*Hal tatkheen?*

How many cigarettes in a day?

*Kam sijarata kunta tatkheen fil yowm?*

When did you start smoking?

*Mata bada 'aa ad-tatkheen?*

What do you work as?

*Maza amaluk?*

Where do you live, and with whom?

*Ayna taskunu, Wa ma 'aa man?*

Any recent travel?

*Hal safarta illa ayyi makan?*

**Word Count:** 1220

### **Bibliography:**

**1. The information centre, NHS, "Statistics on Alcohol: England, 2009"**

<http://www.ic.nhs.uk/pubs/alcohol09>

Date accessed: 7/05/2011

**2. Figure 1: The structure of the NHS**

<http://www.2020selection.co.uk/the-structure-of-the-nhs.asp>

Date accessed: 7/05/2011