

CARD 10

SSC 5c- Medical Elective Report

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SSC 5c (Elective) Report

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Objectives:

- 1- What are the prevalent cardiology conditions in Turkey? How do they differ from the UK?
- 2- How are cardiology services organized and delivered?
- 3- What is the prevention and control programme for cardiovascular diseases in Turkey?
- 4- What have I learnt from my clinical experience of working in a hospital in Turkey and how will I be able to apply these skills in my career as a doctor in the UK?

During my elective I took the opportunity to experience medicine in Turkey. I was located in a hospital in the city of Adana which is in the south of Turkey. During my elective period I was lucky enough to spend time in the cardiology department. This gave me the opportunity to spend the majority of my time in outpatient clinics, clerking patients as well as examining patients under consultant supervision, angiography suit and theatres observing coronary artery bypass graft surgery. The majority of my time spent in hospital involved me observing medicine in a foreign country, where the health service is very different to the NHS system in the UK and also gave me the opportunity to make direct comparisons of the two systems.

During my elective period the outpatient clinics would start early in the morning at 8am. I was surprised by the number of patients that the consultant cardiologist would see between 8am and 12 pm. Sometimes patient numbers would reach 36. This goes to show how efficient the doctors there are at seeing patient and demonstrates the public's need. Although clinics were often very busy, patient care did not suffer as a result. In fact what I observed in Turkey is that patients there are able to get to the bottom of their complaint and get a diagnosis more quickly than in the UK because patient waiting times are minimal. It is very easy to be referred to see a cardiologist the next day if your GP thinks you may have a cardiac problem.

The most prevalent cardiology condition in Turkey is ischemic heart disease. This is perhaps not at all surprising considering the lifestyle that the majority of the public live. Although

there is a lot of media input into educating the general public of how to lead a healthier lifestyle, the reality is that the majority of the public are not educated enough. There is also a lot of poverty and unfortunately it is these individuals who suffer the most and find themselves in cardiology outpatient departments, undergoing angiography to find that actually they have three vessel disease and need urgent coronary artery bypass graft surgery.

Furthermore, during my elective period in Turkey I was fortunate enough to observe many angiograms; this gave me the opportunity to learn about the vasculature but also to learn about the technique involved in angiography. I have observed stents being implanted for 1 or two vessel diseases when the stenosis has been 70% or more. I have also witnessed the complications involved during stent insertion and also the difficult decisions that need to be made concerning stent choice and the decisions that patients need to make involving cost differences between normal stents and more expensive drug eluting stents. These have never been easy decisions as can be imagined and can be very upsetting.

It can be suggested that opportunities to reveal coronary heart disease and its risk factors are being missed in primary care in Turkey. Measures should be taken to ensure timely diagnosis of coronary heart disease and related risk factors. Primary Health Care Services in Turkey are organized on the basis of the Law of "Socialization of Health Services," legislated in 1961. Primary care services are free and provided by the state. The core institution of primary health care is health centre in which the staff from different occupation groups such as the physician, dentist, nurse, midwife, health technician, and administrator works as a team.

These centres deliver health care services to 10000 to 40000 people, depending on location in urban or rural areas. These services include preventing and treating communicable diseases and control of chronic diseases in addition to preventive measures such as immunization, family planning, mother and child care, public health education, environmental health, and health improvement.

Turkish people use primary health care institutions at least 2.6 times a year, and the majority of them can find a solution for their health problems in primary care settings without the need to apply for secondary health services. This means that the possibility of identifying coronary heart disease and its risk factors is high in primary care if an opportunistic approach is adopted. However, management of coronary heart disease in Turkey is mainly under the responsibility of cardiologists and internists who work in hospitals. There is no reference to coronary heart disease in "Diagnosis and Treatment Guidelines for Primary Health Care" published by Turkish Ministry of Health in 2002 and in "Non-communicable Disease Control Program" initiated in 2002. People with coronary heart disease-related complaints are generally admitted to hospitals or specialists directly, without any barrier in primary care. This causes a lack of interest in coronary heart disease among primary health care providers.

In the "Turkey Cardiovascular Diseases Prevention and Control Program" preparation of a national program for the prevention of obesity which is a risk factor for many chronic

diseases was taken place. There has been an urgent need to prepare a national program and apply an action plan to reach the targets identified, to create new targets and strategies according to needs, to speed the action for obesity prevention and to ensure the implementation of the activities within a certain framework. "Obesity Prevention and Control Program of Turkey" was prepared with the aim of forming a scientific and political determination and strengthening the intersectoral actions for the prevention of obesity which has a rising prevalence in our country.

Obesity is a multi-factorial chronic disease which decreases quality of life. It is one of the disease which increases so fast in the world, affects individuals and societies. For this reason, policies are developed and national action plans are prepared related with the prevention of obesity in all over the world. This disease that has an increasing prevalence in Turkey and affecting our children and adolescents; to encourage the individuals to gain the habits of adequate and balanced diet and regular physical activity by increasing the knowledge level of public on fight against obesity subject; and by this way to decrease the prevalence of obesity and obesity related diseases (cardiovascular diseases, diabetes, some cancer types, hypertension, musculoskeletal system diseases etc.) Besides, in Turkey, various institutions and organizations, universities, private sector, civil society organizations are carrying out various programs, projects and training studies concerning prevention of obesity.

During my elective period in Turkey I have learnt that in order to reduce the number of missed cases, responsibility and importance of primary care should be emphasized by training people and health professionals and by establishing a working referral and communication system between different levels of health services. It can be suggested that the current caseload in primary care should be lowered to increase the effectiveness of physicians. Although relevant practical guidelines and basic technical equipments are needed to increase the autonomy of primary care institutions in dealing with coronary heart disease and its risk factors, some measures such as smoking cessation programs or interventions concerning overweight people could be taken without any equipment. Such measures would also increase the effectiveness of following-up individuals at risk. I will utilise my experience of medicine where the general public are less educated to make sure that when I am working as a foundation year doctor in the UK I will educate my patients about their diagnosis. I will also explain to my patients the significance and importance of adhering to their medications in order to ensure compliance and educating their families to that the best possible patient care can be provided with patient satisfaction.