

Elective Report: My Journey to Iran

For my elective, I decided to go to Iran, the country which is rich in oil and still considered as a developing country. I spent some time in infertility clinic and then I decided to go to the main paediatric hospital which is the main referral centre for children with leukaemia.

Iran as a developing country is undergoing an epidemiological transition from communicable illnesses to non-communicable diseases. This report tries to cover the following objectives:

1. Describe the pattern of Leukaemia in Iranian population and discuss this in the context of global health
2. Describe the pattern of health provision in relation to Iran and contrast this with other countries or with the UK.
3. Personal and professional development

Cancer in general is the third most common cause of death in Iran. Leukaemia is one of the most common five cancers affecting the Iranian population in particular males.

According to World Health Organisation-WHO, few screening guidelines are available nationally to detect cancers in early stages. In addition inadequate medical staff training for diagnosis, treatment and management including the use of palliative care and psychological support for cancer sufferers as well as the financial burden of different investigations and managements on patients are the main obstacles that the health service as well as patients are facing. To improve the situation other forms of communication between organisations are required this includes web based communications, health journals, and conferences.

The actual statistics on prevalence and survival rate of leukaemia is not readily accessible in Iran. This is because no official count down has been done for so many years now. However one thing is for sure and that is the affected children are living longer and they are more likely to get better compare to ten years ago. On the other hand, the rate of leukaemia is on the rise over the past decade or so. There is no definite way to prevent leukaemia, however, the risk can be reduced by stopping smoking and avoiding unnecessary radiation exposure through radiography imaging, unfortunately unnecessary imaging is on the rise in Iran and private sector could be blamed for this in my opinion anyway.

Leukaemia presents in different forms. Acute lymphoblastic leukemia- ALL is one of the commonest form of childhood malignancy mainly affecting children. Children's medical center hospital in Tehran is the main referral center for paediatric leukaemia.

The health service in Iran is completely different to National Health Service-NHS- over here in the UK. The health service is divided into public and private sector in Iran. Most people are covered by insurance; however the cost of chemotherapy, radiotherapy, and hospital admission is well beyond some patients' income in one year especially for those who come from rural areas and other cities. For

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this reason charities have been set up to help the affected families. This is in contrast to NHS where all services are provided free for patients and the affected families do not need to worry about the financial issues as well as emotional feelings.

In terms of infectious control, the bare below elbow policy which is observed religiously here is not really well controlled over there. However their dress code is white coat. Washing hands between patients is not done on a regular basis. However these were my observations from a public hospital and I am sure that the medical staff are doing a great job in private sector.

This experience was quite fascinating and it was an eye opener for myself as an individual. I learnt that even though we take NHS for granted things can be done so differently in other countries. For instance not using any local anesthetics for lumbar puncture on a 4 year old girl who requires intra-thecal chemotherapy is something that is not acceptable here in the UK.

I have started using diaries and recording my findings in my diary and then reflecting on the experiences in my portfolio.

It is true that the way Iran is treating its leukaemic patients is more or less the same as they would have been treated over in the west, but lack of equipments and costly medications would add an extra burden not only on the affected families but also the government.

A competent doctor should be able to treat and manage chronic and acute patients with minimal resources, in a cost efficient way.

In Conclusion, the health service in Iran as a developing country is totally different to the NHS in the UK. Expensive medications and investigations may put off some patients from undergoing life saving investigations and treatment. In my opinion, life saving management and basic health service should be readily available to everyone regarding of their back ground.