

## Elective Report

Student: Umair Aziz Habib Mohammed

Email: ha05254@qmul.ac.uk

Elective dates: 11/04/11- 20/05/11

Elective supervisor: Dr Lund

### **Objectives:**

- 1) Describe the pattern of disease of interest in the population with which you will be working and discuss this in the context of global health.*
- 2) Discuss in terms of identification and management the common diseases to affect the eye at the regional level (including a health related topic).*
- 3) Describe the pattern of health provision in relation to the country in which you will be working and contrast this with the UK.*
- 4) Gain proficiency in clinical eye examinations and reflect on these experiences (including professional development goals).*

- 1) Describe the pattern of disease of interest in the population with which you will be working and discuss this in the context of global health.**

There are a vast range of medical conditions that affect the eyes of patients in Dubai, these ranges from minor to sight-threatening disease. However, the most common disease seen in the field of ophthalmology includes diabetic retinopathy and managing those with cataracts, glaucoma and C. Trachoma.

The life expectancy for men in Dubai is 77 years and for women is 79 years. These figures are higher than the national average, being 63 and 66 years respectively.

Like in many other developed countries, Diabetes Mellitus is common and a major problem. According to the 2000 WHO statistics, 13.5% of the people living in the UAE are diabetic, this being the second-highest at that time worldwide. This figure is thought to rise in to 19.3% by 2030<sup>1</sup>.

Hence a large proportion of diabetics with moderate-to-advanced disease who come to the ophthalmology clinic experience eye complications. These reflect the lifestyle choices of the population and thus pose a major macrovascular risk, with ischaemic heart disease being the main cause of mortality (20%) in the UAE. Other contributing factors include poor diet, obesity and cigarette smoking, with approximately 26% of men smoke<sup>1</sup>.

- 2) Discuss in terms of identification and management the common diseases to affect the eye at the regional level (including a health related topic)**

During my placement I was able to see how patients experiencing diabetic eye complications are managed. Usually patients are referred from their GP to the ophthalmology clinic. Here a detailed history of their problem is taken and a clinical examination performed. Once the patient has been clerked, investigations can be ordered including the fasting blood glucose and HbA1c. The most common condition that I saw was of diabetic proliferative retinopathy. Proliferative retinopathy is

the stage defined according to the Airlie-House classification as new vessel formation with risk of vitreous haemorrhages<sup>2-3</sup>. Management of such patients in the UAE is similar to that of the UK. Urgent pan-retinal photocoagulation of new vessels is required to limit neovascularisation and disease progression. This was done in the clinic by an experienced ophthalmic surgeon. Of particular interest to me was how, like in the UK, a multi-disciplinary team approach was taken. A diabetic nurse would meet with patients to ensure lifestyle factors contributing to their disease could be addressed and methods of measuring and controlling blood sugars discussed. Specifically addressing diabetic control is of utmost importance in treating such patients, since the underlying cause of the patient's problem needs to be addressed in addition to developing ones.

This reiterates the importance of medical professions working in teams to ensure all aspects of treatment are specifically addressed by trained and experienced professions. This model of care places the patient at its centre and facilitates a smooth transition from hospital to community care.

### **3) Describe the pattern of health provision in relation to the country in which you will be working and contrast this with the UK**

Dubai has a total population of 4, 600,000. The life expectancy for men is 77 years and for women is 79 years. The government of Dubai has spent a vast amount of money in the health care system providing modern medical facilities which are easily accessible to residents and visitors. The high ratio of medical professionals to patients ensures a high standard of care. In addition, external link such as that to the Royal College of Surgeons (UK), ensures good training facilities and opportunities for medical professional working in the UAE<sup>4</sup>.

The health care service in Dubai is split in to the public and private sector. The public healthcare system is run by the Health and Medical Services (DOHMS), which is able to provide free or low cost medical care for UAE citizens. Non-UAE nationals are required to pay for their healthcare. Free medical care is available from GP clinics and state hospitals. Private health insurance is required for everyone. However workers who are foreign can obtain a health card which is issued from the DOHMS or get their own health insurance. Hospitals in the public centre will only allow foreign patients who have health card or if emergency care is warranted.

There are two government bodies that manage the health system. The Health Authority of Abu Dhabi (HAAD) who put together Abu Dhabi's health policy, and the Abu Dhabi health Service Company (SEHA) who are actively involved in managing hospitals. In a similar manner, the Dubai Health Authority (DHA) manages medical facilities in Dubai, and the MOH (Ministry of Health) provide services for the rest of the country including Fujairah.

In 2002, a major project known as the Dubai Healthcare City (DHCC) was set up the Prime Minister to provide a patient-centred high quality service. It consists of two hospitals and approximately 100 outpatient and laboratory centres with over 2000 qualified medical professionals<sup>5</sup>.

Similarly in the UK, both private and public health care exists however the public Nation Health Service (NHS) predominates. Despite the differences in the way the health care is organised in Dubai, patients are managed in a similar manner in terms of referrals and treatment.



**4) Gain proficiency in clinical eye examinations and reflect on these experiences (including professional development goals).**

During my placement I had the opportunity to witness as well as perform a number of eye examinations. I found this fascinating since as a medical student in the UK I have had limited exposure to the field of ophthalmology. At times consultations were difficult owing to the fact that I do not speak Arabic, however my English and Urdu did mean this was not too frequent. In addition most people some spoke a little English. Also due to the nature of acute painful eye conditions many eye examinations were challenging. This required me to effectively communicate with the patient to put him or her at ease. I particularly enjoyed this aspect of the placement.

The majority of the surgery I saw was laser surgery. With experienced ophthalmic surgeons using state-of-the-art equipment I was able to see how such procedures are carried out in a controlled environment to treat the patient's symptoms.

The predominant religion of the UAE population is Islam. Hence when practicing medicine in such an environment it is important to keep in mind these religious and cultural issues. Even though it is entirely up to the patient, many female patients did not wish to be examined by male medical students, some even did not wish for male students to observe in surgery. The patient's wishes must be respected as all times. Despite this there were ample opportunity to observe surgery and perform examinations and most female patients would have no problems with having consultations from male doctors.

By Umair Aziz Habib Mohammed

**Word count : 1136**

**References**

- 1) <http://www.who.int/bulletin/volumes/88/2/10-020210/en/>, 20/05/2011.
- 2) H.B. Hoh, D.L. Esaty. Clinical cases in Ophthalmology published 1995, Butterworth-Heinemann Ltd page 123
- 3) H.B. Chawla, Ophthalmology: A Symptom based approach, 3<sup>rd</sup> edition published 1999 Butterworth-Heinemann Ltd page 123
- 4) <http://www.expatsfocus.com/expatriate-dubai-healthcare-medical>, 20/05/2011.
- 5) <http://www.dhcc.ae/about-us/>, 20/05/2011.