GENERAL MEDICINE

Student Elective Report
SSC 5C
MBBS 2010/11

Elective Location: Jerusalem, Palestine
Elective Institution: Al Makassed Islamic Charitable Society Hospital

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

I 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. 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, paediatrics and neonatology, internal medicine and an emergency department. The hospital is also affiliated with Al Quds University Medical School.

My placement at Al Makassed involved rotating between 3 departments: Emergency Medicine, Internal Medicine and General Surgery.

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, much like its UK counterparts, is a consultant led service accessible 24 hours a day, seven days a week. The department assesses and treats patients with serious and/or unforeseen injuries or illnesses. Once a patient arrives at an emergency department a doctor or nurse will assess their condition and decide on further action. This triage system is in effect in both localities' respective departments.

Many UK hospitals have 'day case' and 'walk-in' centres for more minor injuries where patients can be treated without appointment. At the time of writing, such a day case centre is under construction at Al Makassed.

Emergency medicine in Al Makassed has notable differences to London hospitals. The majority of cases in Al Makassed are in the form of acute trauma (from motor vehicle accidents to sports related injuries), diabetic related presentations (hypoglycaemia, diabetic ketoacidosis and hyperosmolar state) and presentations related to Ischemic Heart Diseases such as Acute Coronary Syndrome. It is worth noting here that gunshot related injuries, though previously a more frequent presentation, have declined sharply since the years of the 'Intifada' (Upirising).

I noted that orthopedic diagnoses (laceration, fractures, contusions etc) make up the bulk of presentations in both London and Al Makassed. Additionally, these presentations have similar causes such as motor vehicle accidents and 'other' (accidental falls/unclassifiable injuries) (1).

In the UK, a vast proportion of emergency presentations are related to alcohol abuse, either through direct toxic effects or due to secondary consequences including road traffic accidents. The total cost of the latter is £300m to the NHS annually, with the total impact of alcohol on the NHS being £2.7bn annually (2). Alcohol related presentations to Al Makassed are in contrast negligible. This is primarily due to the prohibition of alcohol consumption by the Islamic and Judaism faiths.

Furthermore, sports related injuries accounted for only 2% of admissions in the UK in 2008-2009. In our short time at Al Makassed, we noted at least 4-5 such cases, especially in children, on a daily basis.

I note here a shortcoming in my comparisons between the two localities is the absence of corresponding statistics of emergency admissions for Al Makassed. My comparisons in this report are made between UK statistics and the professional opinion of the consultants of the Emergency department of Al Makassed.

Objective 2:

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

In the absence of a single governing body for the Palestinian population, the provision of healthcare has evolved over time to include four main providers. These are the United Nations Relief and Work Agency (UNRWA), the Palestinian Ministry of Health, various non-governmental organizations and private health care. The Ministry of Health itself is governed by the Palestinian Authority, whose judicial powers extend to include Jerusalem and the West Bank but not the Gaza strip. The overriding factor in healthcare provision for Palestinians is the Israeli government, at whose behest hospitals can be built, and healthcare can be provided to the population. The Israeli government has placed numerous restrictions on the free movement of Palestinian goods and labour across borders. During our time here, the religious period of Passover resulted in Israeli governmental restrictions on entering Jerusalem. This has a distinct impact of the number of patients who were allowed to pass checkpoints to reach Al Makassed hospital. The inability of the Palestinian ruling party (the PA) to establish a coordinated healthcare system has a distinctly negative effect on its population, as was evident in the short time we stayed there.

This lack of sovereignty over providing healthcare for its citizens is in sharp contrast to the UK, where the National Health Service provides healthcare top all UK citizens which is free at the point of contact. It is directly funded from taxpayer's money with an annual budget in the region of £110billion. For Palestinians residing in Jerusalem and the West Bank, a nominal health insurance fee must be paid to be eligible for receiving hospital treatment. It is also the case that Israeli citizens and Palestinian citizens visit hospitals that treat their respective denominations only. Al Makassed hospital where we worked is a prime example of this, being located in East Jerusalem; its doctors are all Palestinian, as are the overwhelming majority of its patients.

There is also a distinct lack of any viable public health promotion, or community based healthcare. Whilst private practitioners exist, they are often bypassed or ignored by Palestinians who can only afford to pay for medical treatment when it is absolutely necessary. As a result, many patients present with late stage signs and symptoms of disease.

Objective 3:

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

This placement has provided me with the opportunity to see a broad range of cases across the three departments in which I rotated. I summarise below a selection of some of these cases to illustrate the diverse range of conditions I have encountered and observed both alone and in conjunction with my colleagues.

It was interesting to note, as mentioned in under Objective 2, that many patients presented with late stage complications of chronic conditions. Classic examples of this were long term diabetic patients who had poor control and thus presented with extremely gangrenous feet and renal problems. This is most likely a result of the lack of effective coordination between primary and secondary health care in Palestine. Hospitals and community medical centres operate on relatively independent and distinct terms, and communication between the two is not as effective as in the UK where continuity of care is a hallmark of the NHS.

A second notable observation I made was the vast number of children presenting with congenital deformities. The overwhelming majority of these children were from the Gaza strip and one of the Consultant doctors explained how the number of these children had sharply increased in the years of the Israeli blockade of this area.

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. 53yr old man with 5 arterial ulcers, bilateral spread. Investigations planned to assess extent of arterial disease
5. 7month old girl, frontal haematoma and nasal area lacerations following fall	5. A 55 year old patient with Coarctation of aorta and Aortic regurgitation, admitted for surgical repair.	5.7yr old with neurofibromatosis
6. 50yr old lady, epigastric pain, ECG showing IHD changes with a positive family history for IHD	6. 45 year old male with severe anemia and Massive splenomegaly myelofibrosis	6. 4yr old girl, Fallot's tetralogy correction
7. 28yr old male, left sided flank pain, Dx with ureteric colic after Abdominal X ray		7. 55yr old man, diabetic, extensive gangrene of right foot, booked for amputation of first, second and 3rd toes.
8. 72yr old lady, presented with fever and SOB, Dx with right lower lobe pneumonia		8. 19yr old male, deep laceration to left mid forearm with flexor tendon damage.
9. 19yr old male, fall from 6m, displaced fracture of right tibia and fibula, two deep lacerations to face		

Objective 4:

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

Through numerous observations of doctor-patient dialogue, I was able to ascertain some rudimentary words that I attempted to use during a patient clerking under supervision from a senior doctor. Questions that I was unable to ask in Arabic I had translated by the senior doctor. A selection of such phrases I have listed below (transliterated). The patient was a 9 year old boy who presented with unilateral with wrist pain.

Medical history

Peace be upon you (greeting): *As salaamu alaykumm*

How are you?: *Kay fa haluk*

I am a medical student from Britain, my name is Abid: *Ana talib at tibb min baritanniya, isme Abid ...*

What is your name? : *Ma ismuk?*

How old are you?: *Kam umuruk?*

What is the problem? *maza muskilah?*

Ayna Al-alaam: Where is the pain?

Mata bada'a al-alaam: When did it start?

Was it sudden or progressive?*Hal kana mufajiann aw tadreegeann*

What does it feel like? *Kayfa tashur al-alaam*

Does anything make it better or worse? *Iyyi shayin ja'ala al-alaam afdal aw aswa*

What other medical problems do you have? *Hal t'aani min mashakil tibbiyyah aakhar?*

Are you on any regular medications? *Ma heya al-adwiyah al-late ta'khudhuha?*

Where do you live, and with whom?

Ayna taskunu, Wa ma'aa man?

Word Count: 1252

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