

Elective Report

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I completed my elective placement in neurosurgery at North Shore University hospital in Long Island, New York. The placement gave me the opportunity to expand upon my clinical knowledge in neurosurgery as well as learn about the structure of the American health system. I chose to do neurosurgery as I have not had the opportunity to experience this specialty much as a medical student and hence felt that it would be valuable for me to complete a placement in this specialty.

Neurosurgery is a challenging yet very rewarding speciality as it gives one the opportunity to cure patients with various benign pathologies as well being involved in long term rehabilitation to improve the quality of life of those patients with incurable neurological illnesses. It was very interesting to see the contrast between the two. Neurosurgery includes all aspects of the diagnosis, assessment, and surgical management of brain, central nervous system, and spinal pathologies. The elective enabled me to appreciate the above aspects of this specialty.

In addition to interacting with patients and obtaining practice with taking histories and clinical examinations, I was able to improve my understanding of neurophysiology and neuroanatomy. Furthermore, I also had a lot of exposure to the most recent microsurgical techniques which made me appreciate the extent to which technology is used in neurosurgery. Such use of technology meant that new types of treatments were available to patients. Some of these technologies meant that patients were subjected to minimally invasive surgery and had shorter hospital stays. I also had the opportunity to witness a large amount of interventional neuroradiology which helped me appreciate the recent advances in neurosurgical management.

I was exposed to a wide range of neurosurgical cases during my elective. These ranged from routine surgery to emergency operations for life threatening conditions. The majority of patients at the hospital suffered from aneurysms and presented with persistent headaches and other complications associated with brain aneurysms. The management of each patient varied to a large extent depending on the location of the aneurysm, its size, the patient's co-morbidities and their personal wishes. Several techniques were used in the treatment of aneurysms which included open neurosurgical repair and interventional radiological coiling.

Hence, the decisions regarding the management and treatment of aneurysms were not always straight forward and required a thorough analysis of the risks and benefits of carrying out a procedure. From this, I learnt that it was as equally as important for a surgeon to know when not to operate as well when to carry out a certain procedure.

Another interesting observation regarding aneurysms was how they were familial which meant that thorough screening of family members was required. This showed me the importance of obtaining a thorough family history and the need for screening since prevention is better than cure, especially in the case of brain aneurysms as they can have devastating consequences if unidentified.

The privatisation of the majority of the healthcare in North America meant that patients were treated as 'clients' and as a result, they were able to demand more from their clinician. Also, screening family members for aneurysms was easier as they were able to do this without referrals. This gave patients more control and responsibility over their healthcare. Whilst there are advantages to this system, the disadvantages include patients being exposed to unnecessary procedures and becoming misinformed about their healthcare.

During my placement, I was able to attend a specialist brain tumour clinic which was a great opportunity to see how both benign and malignant tumours were managed. Certain cases were simple whereas others were more complex and required several discussions between the various health professionals, the patient and family members. I was able to appreciate the great deal of sensitivity that was needed to deal with such cases. A multidisciplinary team approach was used a lot in the management of these conditions. I was able to observe how the clinician broke bad news to a patient who was told she had a tumour for the first time. This particular consultation was done sensitively and the surgeon took the time to explore the different management options that the patient had. I witnessed how this devastating news affected the patient and her family. After discussing management options with the patient, the surgeon gave her the choice of what to do next and left her with the responsibility of arranging her own scans. It was interesting to see just how much responsibility the patients are given regarding their healthcare in the United States. It seems as if patients have a lot more control over their healthcare in the American system when compared to the NHS. This probably has some advantages as well as disadvantages.

In addition to improving my clinical knowledge, I also learnt about the intricacies of the American health system during my elective. The health system in the United States is mainly privatised and health care is dependent on patients having the necessary health insurance. This health insurance can be obtained privately, through the employer or the government. A small proportion of the population does not have any insurance and therefore rely on medical aid organisations. From my experience, I found that patients in the States had more choice regarding which doctor they wanted to handle their care. Many patients rely on recommendations from friends or family members when it came to 'choosing' their clinician. This approach is different to what we are used to in the NHS. In my opinion, healthcare in the UK appears to be more standardised as a result of the structure of the NHS.

In conclusion, I thoroughly enjoyed my placement at North Shore and I feel that it was a fantastic opportunity to see how healthcare is delivered in the States. It was interesting to see how medical teams were organised in a different country and this allowed me to nurture the ability to adapt to medicine in a different cultural and social setting. This therefore was a unique opportunity in my medical education through which I was able to broaden my horizons.