

Final year elective report
Skiathos Health Centre, Greece

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Elective dates: 25th April to 28th May 2011

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Objectives:

- 1) To gain an insight into the practice of family and community medicine in Greece.
- 2) To practice clinical skills and develop new skills in treating physical and mental illness.
- 3) To appreciate the differences in medical practice between the UK and Greece.

For our elective placement, we visited a health centre on the small Greek island of Skiathos, in the Aegean Sea. Despite its small size (50km²) it is a major tourist destination. The total fixed population is estimated to be approximately 7000, with a significant fraction consisting of British expatriates.

The health centre on the island is small, consisting of half a dozen consulting rooms, a basic A&E department, Radiology unit and a biochemistry laboratory. The staff consists of three senior General Practitioners, one Paediatrician, two junior doctors, a radiographer, a biochemist and one full time nurse. Further support is provided by a health visitor, dietician, temporary dentist and ambulance staff.

It must be noted that the health centre is the primary point of call for all medical emergencies and non emergencies as there are no other providers of such care on the island, bar a few private doctors with very limited general facilities. The centre is fully operational between the hours of 9am to 2pm Monday to Friday, however, it is of course, open 24hrs a day with doctors available on-call.

We attended the centre every day, sampling all the departments of the health centre over the course of our five week placement, however, the majority of our time was spent in the A&E department, gaining experience and skills with the senior practitioners and junior doctors. The A&E department (a single room), in our opinion, is best described as the focal hub of the health centre. Many patients presented to this department, with conditions ranging from major road traffic accidents and acute airway obstruction to minor grazes and allergic reactions. We were surprised to find that a significant proportion of patients also attended the A&E department asking for repeat prescriptions and authorization of medical documents related to work. This was deemed perfectly acceptable by the attending doctors in the department. When working in this department, we helped the doctors by conducting cardiorespiratory examinations, taking blood pressure and ECG readings, examining the ears, nose and mouth, taking venous blood samples, and administering intramuscular injections. All this was achieved with constant supervision from the attending doctors, who were very helpful in guiding us and correcting any of our mistakes. By helping out in the manner described above, we both felt that we had significantly improved our skills repertoire and also learnt several new skills, such as helping to transfer patients on to a stretcher for transport in an ambulance and also applying a plaster cast to a fractured elbow. There was a significant language barrier when it came to speaking to patients on the island, as although many of them understood very basic English, eliciting a full history from them was neigh-on-impossible. Luckily, the doctors had very good English and were very helpful in translating all the pertinent points of a patient's case and relaying this back to us. It is worth noting that when we arrived on the island at the end of April, there were not many tourists, however, as the weeks passed, more people began to arrive, especially British holiday-makers. At peak-season (July to August), the population on the island has been known to exceed 120,000! Naturally therefore, towards the end of our placement, we had more contact with English speaking patients and could thus elicit more detailed histories with a better understanding of

their condition. We observed that as the number of inhabitants on the island steadily increased, so did the number of road traffic accidents presenting to the A&E department. On a number of occasions, we witnessed accidents and patient scenarios that were beyond the scope of what the health centre could adequately provide. In such cases, the patients were initially stabilised as best possible and then transferred immediately to hospitals on the mainland, usually to the general hospital in the port city of Volos, some 50km away by ferry. For example, we saw an elderly lady who had presented to the A&E department with a left-sided hemiparesis that was gradually recovering, indicating a provisional diagnosis of a Transient Ischaemic Attack (TIA). Although such a condition normally has an excellent prognosis, definitive treatment can not, be initiated without a CT-scan indicating the nature of the cerebral ischaemia. Since a CT-scanner was not available at the health centre, the patient had to be transported to Volos General Hospital. Many a situation witnessed in our time at the health centre, resembled this case, where lack of equipment (presumably due to the ongoing financial crisis impinging Greece) necessitated a lengthy and cumbersome transfer of patients to a mainland hospital.

The health care system in Greece does not resemble the NHS as we know it in the UK. It is worth noting that although the Greek government's GDP allocation to their health system is quite low, the World Health Organisation ranks the system as one of the best in the world; with healthcare costs among the lowest in the EU. The health system in Greece provides free, or low cost, services to people contributing to the social security system. Other advantages include transportation and free maternity care. Other EU nationals can also benefit from free healthcare in Greece provided they have E111 forms. Idrima Kinonikon Asfalisseon (IKA) is the government body which operates Greece's National Healthcare System. A patient is free to see a specialist at a major hospital however, the waiting times are lengthy. In urgent situations therefore, the patient can see a private specialist and later reimburse the IKA. Remote health centres such as Skiathos health centre, are often associated with a bigger general hospitals, in this case, Volos Hospital. Emergency care as provided by Skiathos health centre is free, however, patients making appointments are charged a flat rate of five Euros per consultation. We were told that such flat rates may not exist at other health centres across the country. Medications are also highly subsidized in Greece, with only a quarter of the cost of the prescription being charged for at most.

We would now like to mention a few differences that we observed in health care delivery between Greece and our own NHS in the UK. We witnessed that patient privacy was not upheld as stringently as it would have been in the UK, with many different patients being sometimes present in the same room during a consultation. In addition, we noticed that many equipments that are readily disposed of in the UK are re-used in Greece, albeit, sterilised as well as possible before being used on patients. This is undoubtedly due to financial constraints. We also noticed that a significant proportion of a doctor's time is spent hand-writing forms simply because there is no networked computer system to store patient data. Indeed, everything at the health centre was done by paper, from booking appointments, to ordering blood tests and writing prescriptions.

To conclude, we very much enjoyed our time working at Skiathos. We experienced a whole different system of healthcare delivery, whilst also improving on and gaining new skills. It was a privilege to work with the fantastic staff at the health centre, who, for five weeks not only became our mentors but also our friends for life.

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