

**ELECTIVE REPORT – SSC 5c**  
**ELECTIVE 1 – ANAESTHETICS**  
**CEDARS SINAI HOSPITAL, LOS ANGELES, USA**  
**ASSESSOR – DR R. H. WENDER**

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**1. Differences in services provided by a largely private health system in the US with that of the NHS.**

My primary aim during this elective was to compare and contrast the healthcare systems of two developed countries within the practice of anaesthetics, primarily due to studying medicine in the UK, a largely public sector.

Essentially, the basics of the American system are very similar to that of the UK. Focusing on anaesthetics, the foundations are the same. These include the use of drugs such as lidocaine, propofol etc., the intubation techniques, the following of international protocols for various other techniques and general other measures with regards to patient health and safety. The equipment used in anaesthetics is also exactly the same (the universal anaesthetic machine, drips, ET tubes etc.).

However, some key differences do exist despite the similarities and these are largely owing to the privatisation of healthcare in the USA. In particular, the most striking aspect of such a system is that the entire process of patient management is much faster compared the National Health Service. These include, appointments, patient waiting lists for surgical procedures, as well as reduced duration of postoperative stay in hospital. This not only makes access of procedures much easier for patients but also reduces the burden on healthcare of handling the repercussions of lengthy treatment times and affects patient satisfaction. Other procedural variations also do exist in some areas, such as, the use of EEG monitors for every patient under general anaesthetic to monitor sedation and drug activity, which I have not seen in the UK yet. Cedars Sinai is a pioneering research institute with a very high patient turnover, hence, their ICU was located in a separate tower within the main hospital site with each floor dedicated to different specialties. I had the opportunity to shadow in the post cardiac surgical ICU, which was highly specialised. The cardiac monitoring devices as well as other support devices within this unit were very state-of-the-art (eg. CentriMag LVAD/ RVAD machine), again, which I have not seen in the UK in my placements till date.

Another key difference is the expense of healthcare in the USA, which is immensely higher than that of the UK. This is obviously explained by the relative vastness of the US, but the private system plays a huge part in this arena too. Healthcare insurance in the USA is a multi-billion dollar industry and a huge burden on many American families. As a result of directly paying for healthcare, patients are extremely well informed about their conditions.

In general, I also observed that the cost of management of any condition is never the primary deciding factor during treatments, unlike the NHS where this plays a huge part.



## **2. Comparing the role of the anaesthetic team in the UK with that of the USA.**

The anaesthetic team is largely very similar to that of the UK. The primary difference is different grades within the training programme here. This consists of an attending anaesthesiologist, a resident physician and a 'Certified Registered Nurse Anaesthetist'. So apart from the qualified doctors, there is a trained nurse specialist who can perform anaesthesia in conjunction with the anaesthesiologist, together forming an 'Anaesthesia Care Team'. However, the CRNA are qualified to work independently or under the supervision of an anaesthesiologist.

I noticed that at Cedars, the patients were anaesthetised in the theatre and not in a separate anaesthetic room like in the UK. Postoperatively, the anaesthetic team stays with the patient until consciousness similar to the UK.

The main difference was that in general, the anaesthesiologist would make every effort possible to accommodate any specific preferences the patient may have. This is largely difficult in the NHS due to financial constraints and set protocols dependent on if a patient fulfills certain criteria or not.

## **3. Expand on the knowledge of anaesthesia.**

My primary reason for choosing an elective in anaesthetics was to expand my knowledge in this specialty as during medical school, we get very little exposure to this in our clinical placements (personally I had one week at Queens Hospital, Romford during my surgical firm). At Cedars, I had the opportunity to shadow the anaesthetic team throughout a range of different arenas, such as, general surgical, neurosurgical, orthopaedic, obs + gyn and outpatient anaesthesia. This has increased my knowledge of all types of anaesthetic techniques – general, spinal, epidural, peripheral nerve blocks etc.

The daily schedules given to us at Cedars gave us the chance to explore each different type of anaesthesia in-depth for a good understanding of the specialty for each different day. I had very good attendings teach me the explanations behind how the anaesthetic machine works, the physics behind it as well as what happens to the body under different anaesthetic agents. My understanding of the basic human physiology was put to test quite frequently which I found very useful in helping me grasp the principles of anaesthesia. I had extensive teaching in the techniques of arterial and central line placements and their uses as well as complications, easier to understand from experience on real patients rather than a textbook. I also had a great experience of anaesthesia used in GI surgical cases, which is very useful as I wish to pursue a general/ GI surgical career. Additionally, I was in orthopaedic anaesthesia for a day as well which will contribute well towards my FY1 rotation in orthopaedics and trauma in the coming year.

In conclusion, I found this anaesthetic elective placement at Cedars extremely useful. I now have a much better understanding of this specialty, along with a sound ability as a junior doctor to handle surgical patients requiring different types of anaesthesia. I have enjoyed my time at Cedars a lot and the hospital staff were very welcoming and helpful at all times. The patients were also very friendly and my healthcare experience as a medical professional in the USA has been highly satisfying and knowledgeable.

**ELECTIVE REPORT 2 – GENERAL SURGERY**

**Elective location: Kasturba Medical College and Hospital, Manipal, India.**

**Supervisor: Dr Rajgopal Shenoy,  
HOD and Consultant Surgeon,  
KMC, Manipal,  
India**

I pursued this general surgical elective in India as I wanted to experience the healthcare system in a rapidly developing country like India as well as further my knowledge in this field. KMC Manipal is a world renowned institution for their medical teaching and research so on my arrival I found a very busy surgical unit with numerous cases. I had the opportunity to participate in the undergraduate and postgraduate teaching sessions, scrub in for a few cases and present a case during one of the teaching sessions.

Originally belonging to this country, I had a very good grasp on the common spoken language (Kannada ) here which made it very easy for me to understand as well as liaise with patients and staff. The healthcare system in India is vastly different to the UK, and unlike the NHS, private healthcare is the norm. This has implications for medical practice here as resources are sometimes scarce and patient circumstances need to be taken into account. Investigations are more carefully ordered on a need which has to be totally justified. Often records cannot be fully chased up due to patients visiting multiple doctors and this can cause significant problems. However, the biggest advantage of such a system is the immediate consultation and work up with no long waiting periods.

Patients below the poverty line do have a government funded scheme under which they may get some financial aid, however, this has implications in that they are usually put into general wards where there may be 10 other patients right next to them. With a vast population, this country offers a huge variety of surgical cases and I had the opportunity to witness quite unusual cases such as eumycetoma, amoebic liver abscesses and a spectrum of different presentations of TB which is an epidemic in this part of the world. Overall this was a very enjoyable and knowledgeable experience for me and has reinforced my choice of pursuing a surgical career.

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