

Obstetrics & Gynaecology / Anaesthesia

*Hospital Mateu Orfila, Mahon, Menorca, Islas Baleares
29th April – 31st May 2013*

Objectives

1. Describe the pattern of disease on this small island population
2. Compare the health provision in Menorca with that of the NHS in the UK
3. Gain an appreciation of the impact that the new hospital has had on the population
4. As the only medical students at the hospital, develop our confidence in working autonomously

I undertook my undergraduate medical elective in the at Hospital Mateu Orfila in the Balearic Islands. The hospital is new, being five years old, and serves a population of approximately 80,000 with 150 inpatient beds, outpatient services, a surgical unit, intensive care unit and emergency department. Serious trauma/surgery not possible in this small centre is treated in larger units in Palma, Majorca.

One of the key factors affecting this hospital and the services it provides is its changing population throughout the year. Over the cooler months the population consists mainly of permanent residents, in contrast to the spring/summer months in which there is a significant tourist population. Hospital services therefore fluctuate with this changing population. This variability in population is often reflected in relatively short waiting lists and reduced bed occupancy. While I was unable to obtain precise figures for the hospital, I observed that there were frequently empty beds on the wards, a sight that I was not at all used to. I would speculate that the lower bed occupancy may therefore improve patient care, ease pressure on discharge planning and also lower infection risk.

The hospital seemed to operate in a largely similar manner to those in the UK, barring the unfamiliar lack of medical students and junior doctors. I was initially apprehensive at starting at the hospital as I was unsure how familiar it would be. As it turned out, the

surroundings were very familiar, with even much of the equipment being the same. As a result, I felt comfortable fairly quickly, and was able to participate in surgeries and anaesthetic procedures easily, despite the language barrier that frequently existed.

One impressive achievement of Mateu Orfila was the introduction of a digital system that has rendered the hospital largely paperless. The system allows the entry of ward notes, operation notes, and detailed anaesthetic reports of medications administered, observations and other physiological data. All forms requiring a signature are scanned onto the notes for easy access across departments. Having spoken with several members of staff, barring some initial difficulties, the system seems to work very well. Part of this may be owing to the small size of the hospital, but it does give hope to the notion that a smoothly running paperless system may be possible in the UK!

The anaesthetists at the hospital used a curious piece of equipment that I had not seen before – a Bispectral Index (BIS) monitor. This consisted of a strip of four electrodes placed on the head in a specified position in order to record largely unspecified physiological measurements in order to determine patients' depth of anaesthesia. This equipment was used widely by the anaesthetic department at the hospital, and many were surprised when I commented that I had never seen it used before in a hospital in the UK. It is thought to reduce the incidence of anaesthetic awareness and the ambiguity in anaesthetic drug doses, although this is controversial and a brief look at the literature suggests that the evidence base is inconclusive. NICE recommends that BIS monitors may be used in the UK in those patients who are deemed to be at increased risk of adverse anaesthetic outcomes, such as previous experience of anaesthetic awareness. I found the fact that I had never seen the system used in the UK interesting. From the literature and NICE guidance that I read, it is unclear whether the decision to not use the BIS system widely is based on the absence of strong evidence of clinical benefit, or due to financial reasons.

From a surgical and obstetric point of view, there were other subtle but significant differences. The surgeons seemed to be much more generalist than in the UK, most likely due to the small size of the hospital departments. Many of the surgeons would not specialise as far as the majority of surgeons do in the UK; the general surgeons are exactly that – generalists. For example, a general surgeon at Mateu Orfila may perform upper and lower gastrointestinal surgery, as well as thyroid/parathyroid surgery. Furthermore, there were no breast surgeons at Mateu Orfila, so the mastectomies I saw were undertaken by the gynaecologists, and on one occasion, a palliative

debulking procedure was even done by the general surgeons. Obstetric provision was largely the same as in the UK, apart from some subtle differences. While the hospital tends to achieve a caesarean section rate of 18-20% in line with the WHO recommendation, they do not routinely use Entonox during labour as in the UK. There is also a national cord blood donation programme in Spain which parents appear to be perfectly in agreement with. One interesting system in place since 2000 is the taking of the baby's fingerprints at birth which are placed on a card with the mother's to prevent identity concerns.

An interesting aspect of the healthcare system in the Balearic Islands is the pattern of disease. Obesity is much less of a problem in Menorca, as is the case across Spain. Consequently, there are significantly lower incidences of diabetes and cardiovascular disease than in the UK. There are also slightly lower rates of many cancers. Conversely, there are higher rates of other illnesses that I had not expected. While we were at the hospital, there were two cases of tropical spastic paraparesis caused by HTLV-1 (human T-lymphotropic virus), as seen by one of my elective colleagues. Both cases were in South American patients who had contracted the virus and travelled to Europe. I had previously not considered the impact of immigration from South America to mainland Spain could have, in terms of physicians treating more cases of tropical illness that they would not otherwise see, and I found it interesting that the physicians there need to be mindful of less common causes of various presentations. In addition to this, Menorca has the highest rate of multiple sclerosis of anywhere in Spain; there were several posters and leaflets on display promoting public awareness.

Overall I found my time at Mateu Orfila interesting and in many ways enlightening. It showed me that although the NHS is excellent, there is an awful lot we can learn from other hospital systems and cultures, even that of a small island in the Mediterranean. The main difficulty I had with the placement was the language barrier, as I do not speak very much Spanish. To make things more complicated, other languages are also spoken in Menorca, including Catalan and various dialects individual to each Balearic island. Thankfully there were several members of the medical and nursing team who spoke what I would consider to be excellent English – although they did not often agree! However, my lack of Spanish still made interaction difficult at times, in particular with explaining who I was and who/what I was looking for. It also made me feel like I was being quite rude at times, completely unintentionally, simply because I couldn't participate in conversations or meetings. I did however find that a smile and an attempt at the little Spanish I do know would go a long way.