

J. Y. Ong

RENAL
MEDICINE

ELECTIVE REPORT

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Elective locations: Singapore (2 weeks) and Taiwan (3 weeks)

1. **What are the prevalent renal conditions in Taiwan? Are there many differences from those seen in the UK?**

Similar to the renal conditions seen in the UK, the main renal conditions prevalent in Taiwan are chronic kidney disease, renal stones, kidney infections as well as renal cancer.

However, the prevalence of chronic kidney disease in Taiwan is much higher than in the UK. Furthermore, Taiwan has the highest prevalence and incidence of end stage renal disease in the world.

This is probably due to the large number of patients with diabetes mellitus, hypertension and/or hypercholesterolaemia as well as the low patient awareness of chronic kidney disease in Taiwan.

As healthcare in Taiwan is heavily subsidised by the government, the large amount of money needed to be spent on dialysis for patients with end stage renal disease has put a strain on the budget for healthcare. Therefore, a nationwide Chronic Kidney Disease Preventive Project was started in 2003 to carry out primary, secondary as well as tertiary prevention of chronic kidney disease. This has been shown to be effective in decreasing the number of dialysis cases, mortality and expenditure. However, further education and screening should be done so as to see a continual improvement in the decrease in the number of patients with chronic kidney disease and end stage renal failure in Taiwan.

2. **Describe the pattern of health provision in Taiwan. How does it differ from Singapore?**

The healthcare system in Taiwan is that of a single-payer system called the National Health Insurance (NHI) system.

The NHI system is a compulsory social insurance program run by the government where individuals, their employers and the government copay the Bureau of NHI monthly premiums. The ratio of the contributions from each is determined based on the occupation and financial status of the individual. Therefore, when a medical service is used, the individual only has to pay a relatively small amount of money, as the healthcare provider would claim the rest of the expenses from the common pool of premiums collected by the Bureau of NHI. This applies to most forms of medical services such as inpatient and outpatient care, medications, surgeries, investigations as well as checkups et cetera.

This system has enabled equal and affordable healthcare access to all regardless of financial status. In addition, patients have the luxury of choosing from a wide array of healthcare providers as 91% of healthcare providers contract with the NHL.

However, there are downsides to the system as well. Since healthcare cost is relatively low, many patients choose to go directly to specialist outpatients without referral more frequently than necessary. During my elective placement, I have seen clinics with more than 60 patients per session. Thus, the consultation period for each patient could only last for 2 to 5 minutes each. I have also seen patients who have requested to stay in the hospital wards for longer than required since they could be closely cared for at a relatively low cost.

Furthermore, the low contributions from the premiums are insufficient for healthcare research in Taiwan to thrive. The government is reluctant to increase the premiums collected from the people for fear of losing support from the voters.

Therefore, perhaps more of the country's Gross Domestic Product could be spent on the development of the research sector for Taiwan's healthcare to advance more rapidly.

In contrast, Singapore's healthcare cost is relatively more expensive than that in Taiwan so as to prevent overutilisation of healthcare services as well as to have sufficient funds for the development of medical advances.

Similar to Taiwan, Singapore has a national medical insurance scheme called "Medisave" where working individuals have to save 7-9% of their monthly salary in their Medisave account. However, the money saved is only used to pay for healthcare expenditure for themselves and their dependents rather than it being shared with the whole nation. This is probably to prevent the people from overutilising healthcare services, as they are aware that the money spent is taken directly from their own accounts.

Unlike in Taiwan where the poor are able to receive full subsidy of their medical expenditures, Singaporeans still have to pay a certain amount, regardless of the level of subsidy. This has its pros and cons. It, once again, prevents patients from taking advantage of the system and overutilising healthcare services as seen in the case of Taiwan as well as in the United Kingdom. However, during my oncology placement in Singapore, I have seen patients who have chosen a slightly less effective course of chemotherapy as they are unable to afford the best treatment even with heavy subsidy from the government as the cost of chemotherapy treatment is very high.

Although there are a few downsides to the healthcare system in Singapore, Singapore's healthcare system is still one of the most successful healthcare systems in the world where it ranked 6th in the World Health Organisations world health report in 2000.

3. How would one manage a patient who presents with acute renal failure?

It is firstly important to note that the causes of acute renal failure can be pre-renal, intrinsic renal or post-renal.

When a patient presents with acute renal failure, specialist help must be enlisted immediately as early review from a specialist can improve the outcome of the patient.

Next, pre-renal and post-renal factors have to be identified and treated. For example, hypovolaemia must be corrected with intravenous fluid and an urgent bladder ultrasound scan must be carried out to check for post-renal urinary tract obstruction.

The patient's medications have to be reviewed and nephrotoxic medications such as non-steroidal anti-inflammatory drugs must be stopped while other relevant medications must be dose-adjusted.

An autoantibody screen should be carried out if there are signs of an auto-immune pathology such as p-ANCA vasculitis et cetera.

The patient's fluid balance and body weight must be closely monitored daily. In addition, adequate nutritional tailoring for the patient is required.

Possible complications from acute renal failure must also be addressed. Such include hyperkalaemia, pulmonary oedema and bleeding.

Dialysis must be commenced when necessary to prevent irreversible complications from occurring.

4. Reflect on my experience of working in a healthcare setting based mainly on my second language (Mandarin).

As I have not been speaking my second language much, it was challenging at the beginning for me to be placed in an environment where everyone spoke Mandarin. Furthermore, it was even more difficult to understand the medical terms in Mandarin.

Fortunately, the doctors and medical students in my team were very understanding and explained the terms to me patiently. Within my 3 weeks of placement in Taiwan, I have become more confident in conversing in Mandarin and have learnt many medical terms in Mandarin.

This would be beneficial for me when I return to my home country, Singapore, as many Chinese patients in Singapore prefer to converse in Mandarin. Personally, the main reason for choosing Taiwan for my elective is to improve my Mandarin and I am glad that this aim has been achieved.

(1,171 Words)

References

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