

COMMUNITY
MEDICINE**Medical Elective Report****Elective Dates: 24/04/2013 – 29/05/2013****Clinical Attachment:**

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Objectives:

1. Compare and contrast the guidelines set in the practice in New York with the local guidelines we follow in the UK. Compare and contrast prescription differences.
2. To compare and contrast the differences in the health care in New York and England with regards to time, cost and first line treatment.
3. Common health conditions that have presented whilst I was on elective and ability to recognize clinical signs in patients presenting with problems
4. Actively attempt to see patients presenting with common health problems. Read up on these. Recognise clinical signs in patients presenting with acute problems
5. Gain confidence in fully assessing patients and attempt suitable management plans

For my medical elective, I managed to organise a Community Care placement in New York City. Dr Chakote kindly agreed to let me shadow him and see patients in his four clinics in different regions of New York. This opportunity allowed me to see patients of various backgrounds and cultures, as the four clinics were situated in Brooklyn, Queens, Manhattan and Far Rockaway Beach, one of the places that the Sandy hurricane had hit.

I have always been interested to find out how the American privatised healthcare system actually works and how it compares with the National Health Service (NHS). When talking to some of the patients, I was told that the healthcare system in America varies across the country, state to state. Therefore I will only be discussing what I found in the state of New York.

In New York, when speaking to the patients, they informed me of the health insurance they are required to have, in order to be seen and treated in hospitals or community clinics. It was interesting to see that not one patient was happy or satisfied with the healthcare they receive whether they visited the hospital or GP. The cost of health insurance and premiums were a huge burden for some of the patients. Even those patients above the age of 65, who are entitled to cheaper health insurance, had complaints due to the fact that they saw no difference in the amount that they had to pay. Health insurance causes a lot of hassle, as it doesn't always cover every health condition or procedure.

In the clinics that I visited, if a patient did not have insurance, they had a fee of \$85 for a single consultation. This was apparently cheaper than most places, as the price of a

consultation can be as high as £130 in the state of New York. This did not include any further tests such as blood work or imaging.

In the UK, when a patient is seen, whether it is at the GP's office or a Consultant's outpatient clinic or even on the wards, blood tests and imaging are only carried out if necessary. However, in New York, this is not the case. Every single patient, who had valid health insurance, had a full medical checkup that included complete bloodwork, a chest radiograph, and further imaging in the form of either an ultrasound scan, a CT scan or an MRI. The presenting complaint was almost irrelevant.

A young, previously fit and healthy female of 30 years came in with some neck pain. She was unable to move her head to one side due to the pain. From the history, it seemed to be musculoskeletal pain. However, the doctor immediately ordered an X-ray and an MRI scan of the spine. The scans showed no abnormalities and the patient was prescribed mild painkillers. Here, in the UK, if such a patient presented in a GP consultation, imaging is not usually the first line investigation especially not an MRI scan. I believe all these further tests are performed as a safety net. The patients pay a lot of money for their insurance and have the right to these tests and doctors want to avoid litigation. If anything sinister were to be the problem, and the doctor had not carried out these tests, he/she could end up being sued.

Another issue to raise in terms of first line treatment is that, in the UK, due to the cost restraints and the NHS being funded by the government, doctors are encouraged to prescribe medication that is both cost effective and also successful in treating the medical problem. However, due to the extensive funds, doctors in New York can prescribe, what may be the most potent drug, regardless of the cost.

A patient came in for a consultation; he was a young, fit and healthy male of 35 years. He did not have health insurance as he never found the need to go and see a doctor. He had come in for a check up in order to get a driving license for work. He paid the \$85 and was seen by the doctor. The doctor took his blood pressure once and noted that it was slightly raised. However instead of repeating the blood pressure or taking into consideration 'white coat hypertension', the doctor immediately prescribed him a strong anti hypertensive drug and informed him to return for another check up in a week. Here in the UK, usually the doctor would repeat the test or give conservative advice first before prescribing any drugs. Cardiovascular risk factors are also discussed, but no history was taken in this incidence.

I read an article in an American publication that said, "America has a medical care system not a health care system". I found this to be true on my elective, as they are fully equipped to deal with illness and injury but they lack in areas of illness prevention and health promotion.

Over here, the NHS is a force of nature when comes to health promotion, especially in areas of smoking cessation, promoting healthy eating and exercise, in order to reduce cardiovascular risks. When sitting in on consultations, I unfortunately, did not see any forms of health promotion or disease prevention. I found this shocking, as obesity is one of the main health problems that needs to be tackled in America. Many patients were obese, or even morbidly obese yet there was never a discussion or even a mention of trying to change the patient's lifestyle.

In terms of prescribing, its very similar to the UK, except that the doctor can send the prescription straight to the pharmacy and the patient can go and collect it with valid identification. However most of the consultation is spent trying to find a pharmacy that is convenient for the patient, on the tedious computerised system.

This brings me to my next observation; patients have a lot more time with their doctor in New York. Over here, GP's are given time restraints of ten minutes per consultation and one issue at a time. This was not the case any of the four clinics. Each patient can choose which doctor they wish to see and can spend up to half an hour with them. If they were having extra tests, which usually seemed to be the case, some patients were at the clinic for up to two hours.

In the UK, the multi-disciplinary approach to treating patients is very important and also vital in some patients, especially in those with chronic illnesses. If a patient needs to be seen by a health professional of a different specialty, GPs here refer patients to the hospital. I noticed that over in New York, if a patient is to be referred, they are referred to someone in the community, as they have neurologists, gynaecologists and paediatricians available in community practices.

During the five weeks at the various practices, I was given many opportunities to talk to patients and examine them. Due to the lack of time constraints, I was able to practice thorough clinical examinations and get a full history from patients. The patients I met were lovely and very helpful. I enjoyed my time during this elective immensely.

Word Count: 1,205