

ELECTIVE REPORT

COMMUNITY
MEDICINE

SSC 5C

Medical Elective: Community Medicine, New York

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Dates: 24/04/2013 – 29/05/2013

Objectives:

(Please note that these objectives have been specifically applied to the Empire Medical Services Heart Docs LLP I attended and not to the whole of USA as previously stated in the 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. Practicing medicine in a different environment

Introduction

During April and May 2013, I was given the opportunity to carry out my Medical elective in Community Care at Dr V Chakote's Family Clinics in New York. I was lucky to have Dr Chakote as my supervisor as I was given many opportunities to practice medicine and see a wide range of the population by shadowing him in his four different clinics in various regions of New York.

Before arriving in New York, I was particularly interested in observing and comparing the American healthcare system with our beloved National Health Service (NHS). I thought it would be very interesting to see how the NHS, a healthcare system that is funded by the public sector differs from a private sector funded healthcare system, as is the case in the US (see diagram 1).

I have therefore incorporated specific findings I made about this into my objectives.

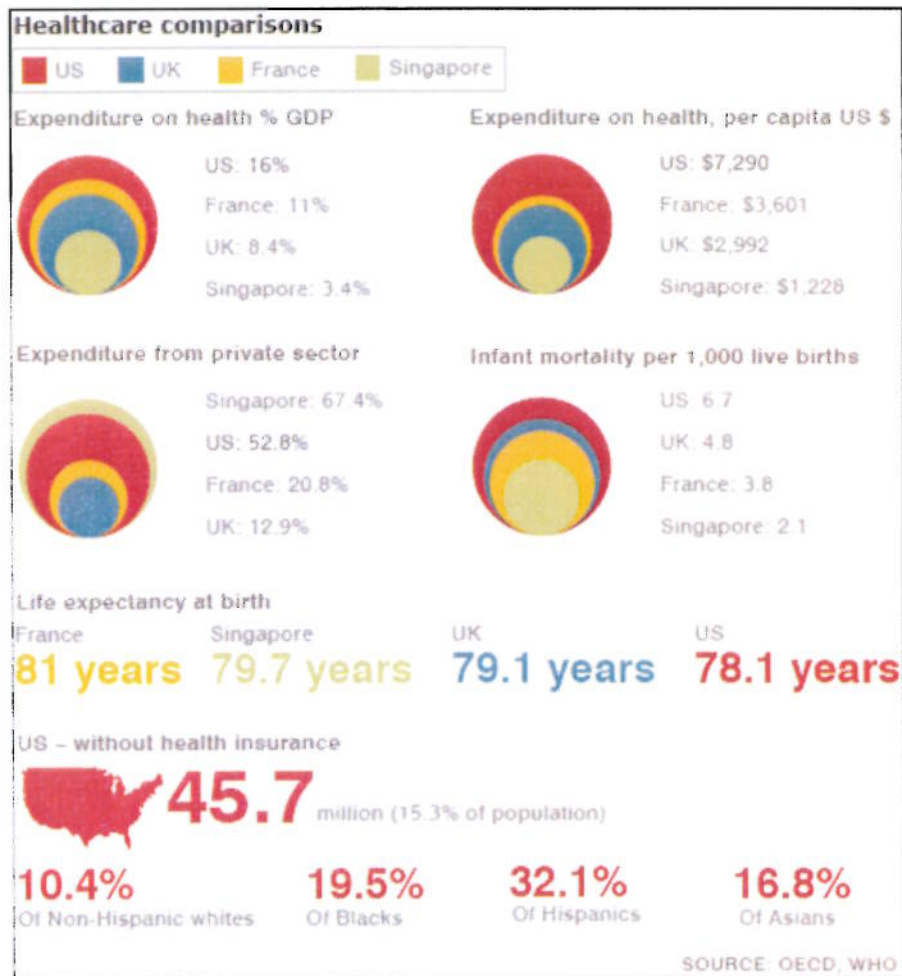


Figure 1: Healthcare comparisons, WHO¹

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.

One of the major differences I observed during my placement in New York was the excessive use of further tests and investigations on patients. For example, a patient, of any age, presenting with a headache would routinely be sent for a full and thorough check up, including imaging in the form of CT scans or an MRI of the brain, even if the history gives the impression of a migraneous nature.

The fundamental reason for this, in my opinion, was due to patients paying for their own health care. This meant that patients felt they were entitled to all available tests and expected them to be performed to rule out anything sinister. This in contrast to the UK where the National Health Service pays for everyone

and therefore, due to a reduced funds, and to make the most out of available resources, certain tests and scans would only be carried out if indicated.

For example, in the case mentioned above, where I observed a young 28 year old lady coming in with migraneous headache, if after a thorough history there were no cause for concerns, some first line treatment would be indicated before any imaging of the brain was done. Therefore although guidelines do exist, they are not as strictly followed due to the restrictions caused by patient wanting all available tests done on them.

There was very little differences noted in the prescribing in the New York Family practice to UK. Patient would be explained to about what they were prescribed, how it works, the side effects and when they would need to come back and see the doctor. It was interesting to note however that the prescription would be sent directly to the pharmacy itself and the patient would go collect it upon providing ID as well as their Insurance card.

Another point, to expand on from above would be that due to the lack of cost restriction in the US, the most potent drug would be prescribed, whereas I have noticed in several GP clinics in the UK, cost becomes an issue and GPs are always encouraged to use the drug that is a compromise between cost of the drug and also how well it can treat the patient.

To compare and contrast the differences in the health care in New York and England with regards to time, cost and first line treatment.

Treatment were similar to the UK and very little differences were noticed in the medications that were given to patients. However, what was striking was the level at which they were given.

Here in the UK, we often give conservative advice first before prescribing medicines (whenever possible that is) whereas in the clinic in New York I noticed how a 35 year old man who came in for a Medical Check up for work, was found to have a raised blood pressure (for the first time) and was prescribed anti-hypertensives that same day. This appeared rather unusual to me, as we would probably ask the patient to try other methods as well as call him in again for a second check up before prescribing any medications.

Whilst I was in the family practice in New York I noticed a huge difference in the time that was spent with patients. As long as the patient had valid insurance that they could show proof of upon arrival to the clinic, they would be seen by their preferred doctor and spend quality time with them.

For example, although it was the policy of the clinic, like in the UK, for one appointment to be specifically for one problem only, there were many doctors available at the clinic which meant that each doctor had a lot of time to spend with the patients. This enabled them to take a thorough history and full examination of not just one but many problems.

This is in total contrast to the UK where most GPs have extreme time restraints and often are not even able to take a full history and examination in the 10 minutes that they are often allocated with a patient. This all falls down to the difference in the healthcare system: private vs government.

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Nevertheless, an important point that was made to me during the placement was the increase in patients suing their doctors in the USA. This may possibly be the reason why doctors are quick to treat in order to avoid any litigation.

Common health conditions that have presented whilst I was on elective and ability to recognize clinical signs in patients presenting with problems

The number of 'no fault' and workers compensation cases that I saw were extremely high. I learnt through my GP that this is normal throughout the USA for GPs who are qualified to see a high number of compensation cases.

These would range from back pain through office work to other musculoskeletal pain from injuries at work. After a thorough history and examination, the doctor would have to write out a full report, which will then be submitted for compensation. This was a new experience as here in the UK a separate organization would deal with this and I have never come across this during my GP placements. This also meant at many times I would not be able to see the patient as a thorough assessment would have to be made and often the patient did not want any medical student present.

Obesity seems to be a globally rising problem however one that I instantly noticed in the New York Clinic. The diagram below shows that in around 15 years the rate of obesity in New York has risen from 10-14.9% to 20-24.9%. As explained by Dr Chakote, this is an ongoing problem however very little effort is made by the family clinics to target this unless enquired by the patients themselves. This seemed rather surprising as I feel primary health care should be most involved in reducing this ongoing public health problem.

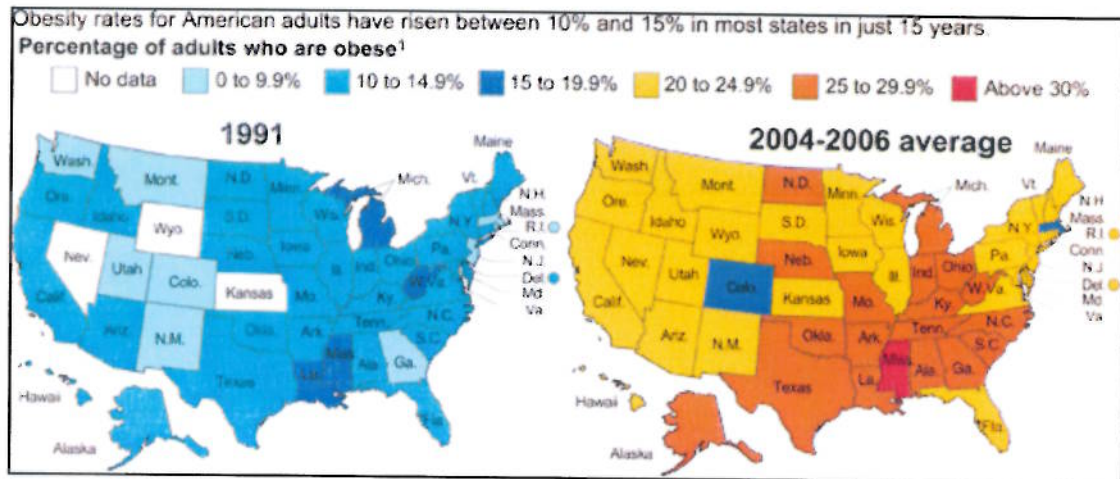


Figure 2: Obesity in American Adults²

Practicing medicine in a different environment

This elective has been one I have thoroughly enjoyed. Not only have I had the opportunity to build up my history taking and examination skills but I have also met some very lovely people during this time who have taught me a lot about medicine itself, their healthcare system and about their state New York. I am very grateful to Dr Chakote who gave up so much of his time to help me improve my skills and come up with the most suitable management plans.

References

1. Healthcare around the world. BBC News. 2009. <http://news.bbc.co.uk/1/hi/8201711.stm>

2. Obesity rates climb in most states. USA Today. 2007. http://usatoday30.usatoday.com/news/health/2007-08-27-obesity-rates_N.htm?POE=click-refer