

Elective Report

1) Understand the pattern of disease/illness in Sulaymaniyah and how these are relevant in the context of global health.

Sulaymaniyah is a city in the Kurdistan Region of Iraq with a population about 1.6 million. The pattern of disease and illness in Sulaymaniyah differs greatly with the rest of the country as the Kurdistan region is well developed and has not been affected by war.

It is difficult to determine the epidemiology of disease in Sulaymaniyah, and in fact in the whole of Iraq, as very little research is conducted and also there is no national or regional statistical data collection. However, as a whole the country and also Sulaymaniyah currently suffers from a double burden of disease. Non-communicable diseases like cancer and cardiovascular disease are the leading causes of death but infectious diseases remain major causes of morbidity and mortality. In addition, there is a high number of injuries and deaths from road traffic accidents and violence.

Diarrhoeal diseases, acute respiratory infections (ARI), measles, mumps, typhoid and leishmaniasis remain as the main cause of morbidity and mortality in children.

Cardiovascular disease is now the leading cause of death. Cancer and diabetes have also become major health issues. This is as a result of the unhealthy life style culture that exists in Sulaymaniyah as well as the rest of the country. There is a high rate of smoking, from an early age coupled with an unhealthy diet (high in fats) and a lack of exercise.

The prevalence of disease means that Sulaymaniyah sees disease associated with developing countries (infectious diseases) as well as those from developed countries (non-communicable disease such as cardiovascular disease).

2) Understand how patterns of health provision in Sulaymaniyah differs to health provision in the UK.

Prior 1990, Iraqi health care and medical education were said to be the best in the region. After Saddam Hussein came to power, funds were diverted from the health sector. The 1980–88 Iran–Iraq War killed perhaps half a million people on both sides, and further diverted resources and medical staff from civilian facilities. In 1991, Iraq invaded Kuwait, triggering the first Gulf War. The sanctions that followed had a major effect on Iraq's health system and the health status of Iraqis. The subsequent oil-for-food programme mitigated some of the effect of sanctions, but serious damage had been done to the health system. At the time of the 2003 US-led invasion of Iraq, the health system was weak, with non-functioning equipment, inadequate drug supplies, and fragile infrastructure.

Since then, the Iraqi healthcare system has struggled to recover from years of war, sanctions, loss of health workers, looting, and political interference. Health facilities and the healthcare workforce are inequitably distributed to meet the country's health needs. Attempts to resolve this health equality has been largely

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prevented as a result of political interference and corruption that exists in the country.

Sulaymaniyah (as well as the rest of Iraq) has a public health service, which aims to provide free healthcare to the people. However, the lack of resources and infrastructure means that the health system is not able to function effectively. The hospitals facilities are extremely run down, hugely overcrowded and lack adequate supply of medicines to cope with the influx of patients. Yet still, doctors have learnt to adapt to the environment and provide effective care with limited resources.

Sulaymaniyah also has a large private sector, which is accessible to only a very small proportion of the population as a result of its cost. This further hinders the public health sector as doctors work in the national hospitals, on a government salary, half of their time with the other half spent in their private clinics. This is a huge issue, as no fine line exists between the public and the private health sector as a result of the lack of management. This is a problem as it means that doctors can easily not treat patients at the time of seeing them in the public hospitals and refer them to their private clinic where they would get more money for providing treatment.

Although Sulaymaniyah has a public health sector, it hugely differs from how it operates in the UK. The sulaymaniyah system lacks proper management and adequate resources. With resources being unequally distributed as a result of political interference and corruption that exists not only in Sulaymaniyah but almost the whole of Iraq.

3) Understand how limited resources in Emergency medicine and General surgery raise ethical issues for doctors working in Sulaymaniyah.

All doctors have a duty to do all that they can for the benefit of patients. The allocation of limited resources potentially limits the ability of physicians to fulfil this responsibility and obligation to patients. Physicians have a responsibility to use their professional expertise in order to safeguard the interests of patients in decisions made regarding the allocation and/or rationing of resources provided.

Physician's decisions, with regards to the allocation of limited medical resources should consider the ethically appropriate criterion that exists in relation to medical needs. The physician must take into consideration the likelihood of benefit, the urgency of need, the benefit and changes in quality of life and in the extremes of cases the amount of resources needed for successful treatment.

The issue of limited resources is faced by doctors on a daily bases. The major issue in Sulaymaniyah appears to be the lack of medicines as well as the quality of medicine, for example, the availability of local anaesthetics within the surgical emergency department. The doctors have greatly adapted to this environment and are able to somewhat over come the lack of proper facilities however the lack of medicines remains a problem. In addition, I believe that the ethical dilemmas faces by doctors are somewhat made easier by the fact that the public has accepted the fact that doctors have to work with limited resources in the public hospitals.

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4) Further my understanding and knowledge of General surgery and Emergency medicine to gain more insight into the workings of the specialties.

This experience has given me great insight into the working of the specialties. Regarding general surgery, in the UK I had seen many procedures but most of them done laparoscopically, however here I was able to see all of the same procedures but open, which was great in furthering my understanding and knowledge of procedures involved in general surgery. In addition, with the lack of equipment, I was able to observe how surgeons always need to think on their feet and adapt to situations that they are put in.

Working in the emergency department, I was able observe and help in the management of a number of conditions that I had never seen before, such as snake and scorpion bites, gun shot wounds, patients with injuries caused by explosions. This was a great opportunity to further my knowledge and practical skills in ATLS.