

Barts & The London School of Medicine and Dentistry - Year 5 Elective Project

Respiratory Medicine and Radiology Placements at the San Vicente del Raspeig Hospital (Alicante, Spain)

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Pre-placement Objectives:

1. Compare the health provision in Alicante (Spain) with that of the NHS in the UK.
2. Describe the pattern of disease in the population of this popular Mediterranean tourist destination.
3. Enhance my present understanding of respiratory medicine and radiology
4. (i) Experience being a healthcare provider in a different healthcare system using a second language. (ii) Reflect upon any encountered cultural and language difficulties

1. Health provision in Spain compared to the UK's NHS:

Spain has a free universal healthcare system (*El Sistema Nacional de Salud*, 'SNS'), primarily funded by general taxation, which functions well (comparing favourably with the NHS across a number of parameters). Indeed, Spanish citizens enjoy one of the highest life expectancies in the world (82.4 versus 81.1 years in the UK).¹ Both countries however are faced with similar Developed-World health problems: rising adult obesity rates (this is significantly lower in Spain, 16.6%, than in the UK, 24.8%);¹ high levels of cardiovascular disease and diabetes; and significant cancer mortality (and other age-related conditions, including dementia). There are some noticeable differences in the apparent success with which these issues are being tackled: relative mortality rates of coronary heart disease, lung disease and pneumonia, liver disease, and breast and prostate cancers are all ~50% lower in Spain.² The UK, in contrast, has significantly lower relative mortality for diabetes, hypertension, kidney disease, stomach and liver cancers.² Notably, both countries have achieved significant progress in reducing tobacco consumption (19.6% adult daily smoker rate in the UK versus 23.9%, down from 41% in 1985, in Spain) and as a result have markedly reduced lung cancer mortality (assisted by the recent introduction of public smoking bans).¹

The overall structure of Spain's 'SNS' is very similar to that of the NHS (before the abolishment of Primary Care Trusts). Thus, a specific governmental department has overall political responsibility, with budgeting and service commissioning entrusted to geographically distinct territorial municipalities via the different Regional Governments. Services are divided according to Primary (i.e. '*Medico de familia*') or Secondary care, which is further separated into hospitals dealing with (i)

general and acute conditions, and (ii) those dealing with specific or chronic conditions. *San Vicente Hospital* deals almost entirely with the management of chronic illnesses (a *HACLES* hospital, '*Hospital de Atencion a Cronicos de Larga Estancia*').³ Importantly, however, there are marked logistical differences between the SNS and NHS such as the SNS having ~40% more doctors (3.8 versus 2.7 doctors per 1000 of the population), but ~40% less nurses (5.1 versus 8.8 per 1000), more of whom are male (16.4% nurses are male versus 10.2% in NHS).^{4,5} This probably reflects the different roles of nurses in the two countries: Spanish nurses routinely undertake procedures normally only performed by UK doctors but play less of a role in patient feeding/personal care (normally undertaken by the patient's family). Significantly, nurses also take on greater responsibility for out-of-hours care. Indeed few Spanish doctors work after 3pm in public hospitals (many work evening shifts in the private sector; the comparatively low average salary of Spanish doctors is probably a major contributing factor). The economic crisis and the effects of severe funding cuts have exacerbated this and encouraged increased public-private hospital funding (similar to the UK).

2. Disease patterns in San Vicente del Raspeig (and the nearby city of Alicante)

San Vicente del Raspeig, a medium-sized (~64,000 inhabitants) inland town in the Valencian Community of south-eastern Spain, is located 6 km to the north-east of the coastal city of Alicante (although expansion of the city's suburbs in the last 50 years has resulted in a continuous urbanization). San Vicente itself has also expanded significantly in that time, both in geographical area and in population size.⁶ Population expansion has largely been a consequence of (i) the employment opportunities provided by important local industries (especially those manufacturing construction materials, white cement and furniture), (ii) establishment of the main campus of the University of Alicante (where 94% of students are Spanish),⁷ and (iii) improvements in infrastructure connecting the town to the city. These factors have also strongly influenced the make-up of San Vicente's population, which is (i) markedly younger than both the national average and that of the nearby city (just 12% of San Vicente residents are >65 years versus 17% in Spain and in Alicante, respectively), and (ii) only 7% non-Spanish (versus 12% nationally and 15% in Alicante).⁸

Alicante's populace also includes numerous people who are not accounted for in official population figures, including (i) immigrants with illegal alien status, (ii) Northern European retirees (especially from Germany and the UK) who are officially still residents of their own countries, and (iii) a significant summer influx of ~750,000 tourists per year. These groups represent a significantly smaller proportion of the populace of San Vicente, an infrequent tourist and retirement destination.

Population differences have resulted in distinct public health issues and healthcare provision in these two neighbouring locations. Whilst there are five hospitals (two public and three private, offering 1221 public and ~250 private beds) and multiple public Primary Care centres in Alicante, San Vicente has only three Primary Care centres and one public hospital (with 149 beds, specialized in non-emergency Secondary Care). All emergency cases are dealt with by the public hospitals in Alicante. Unsurprisingly, disease patterns are also thought to be distinct. Thus, for example, in San Vicente there is much debate about the effect of harmful particles released by local manufacturing industries (particularly the construction material and white cement manufacturers) on rates of occupational and non-occupational lung diseases.

3. Respiratory Medicine and Radiology Placements:

I used this placement opportunity to gain extra experience in two specialities in which I have the least confidence. My Year 3 placement in Respiratory Medicine was significantly disrupted (not unhappily!) by the birth of my son so I have had little complementary practical clinical experience. Thankfully I spent three weeks with the wonderful Dr Carbonell in *San Vicente Hospital*, who gave me numerous clinical opportunities that greatly increased both my understanding and appreciation of lung physiology and pathophysiology (and his considerable clinical skills!).

My lack of confidence in Radiology stemmed from the absence of a scheduled clinical placement dedicated to this speciality during my degree, rather than because I had a tangible lack of knowledge.

I am extremely grateful to Dr Martinez for the opportunity to spend three amazing weeks with him, that have resulted in my serious consideration of a future career in this speciality.

4. Reflection on encountered cultural and language difficulties

Although I am able to speak Spanish with fluency I have never formally studied the language and am unaccustomed to conversation with anyone outside of my immediate Spanish family. I entered into this experience with considerable trepidation but was very relieved to find that, after just a few days in the hospital (and with the assistance of a Spanish-English medical dictionary!), my language skills proved to be more than adequate for me to interact fully with my Spanish colleagues and patients. Indeed I encountered more problems in understanding each patient's drug history (drugs are prescribed exclusively by brand rather than generic name in Spain) than the language!

I am very familiar with Spanish culture (my wife is from Alicante) and so did not experience any major difficulties in this regard, although I did notice some differences in doctor-patient interactions that initially seemed to have a cultural basis. Consultations generally appeared more formal than in the UK, exaggerated by the striking usage of the formal term of address ('usted' instead of 'tu') and the compulsory adornment of the white gown. My initial impression was that the interaction was more paternalistic (and perhaps more authoritarian) than I have witnessed in the UK, with the patients' generally adopting a submissive attitude. Subsequent conversations with colleagues suggested patients (especially younger patients) are actually more questioning of their opinion than before. I concluded that my observation was therefore more probably an age-related rather than a cultural issue (most patients I saw were elderly, in line with the nature of the chronic illnesses being treated).

Overall my experiences on placement led me to conclude that the Spanish and British national health services, and the doctor-patient interactions that represent the fundamental basis of these systems, are incredibly similar.

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