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SSC 5C Elective Report
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1) Describe the pattern of disease in this small island population
2) Compare the health provision in Malta with the UK healthcare provision that is the NHS
3) What are the most commonly presenting neurosurgical conditions in Malta?
4) Reflect on how I have adapted to working in a different environment and how I have become more familiar with the role of a F1 doctor

1) Describe the pattern of disease in this small island population

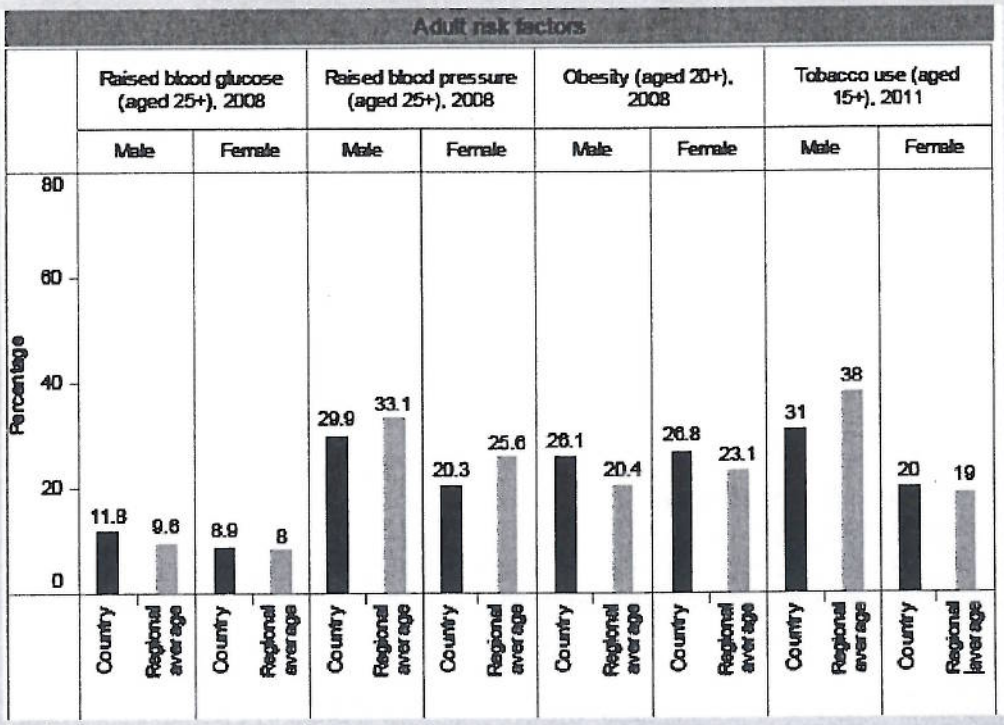
Malta is a small country in the Mediterranean Sea with a population of approximately 428000 and a total land area of 316 km; it has the highest population density of all the countries in the European Union. Malta was a British colony for almost 200 years and most locals are bilingual, speaking English and Maltese. 98% of the population are Roman Catholic. The main jobs are in the manufacture and tourist industries. The health sector is the largest employer with 7% of the entire workforce.

Malta statistics

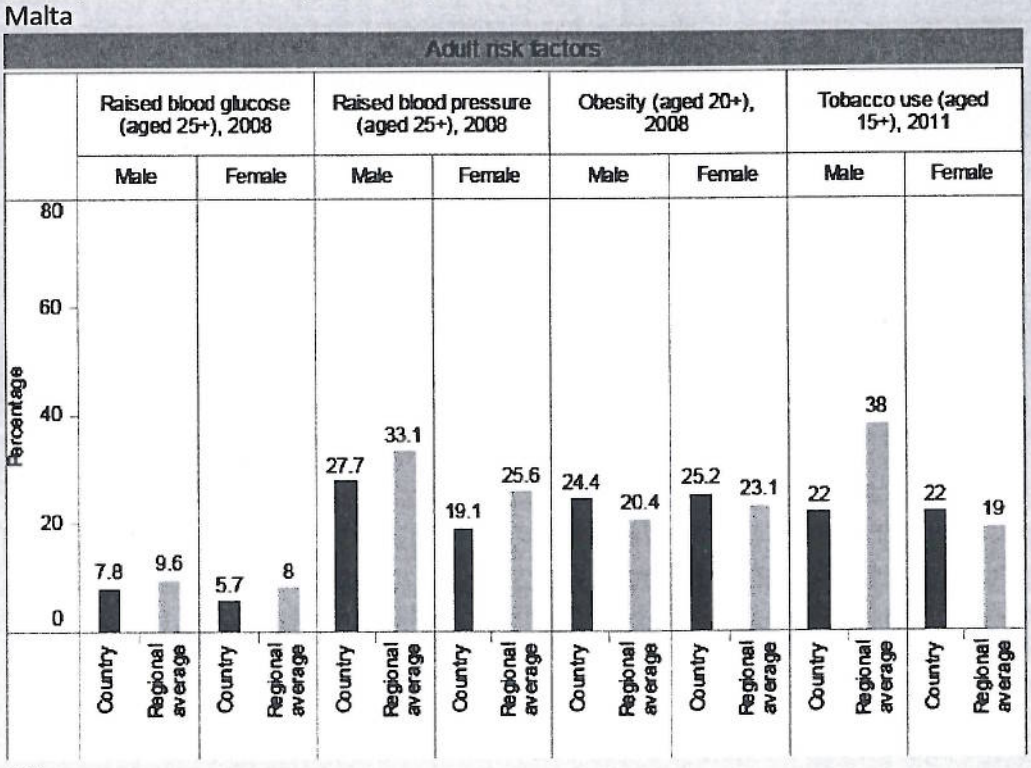
Life expectancy	79 M/83 F
Gross National income per capita	$27,000 (international dollars).
Mortality rate under 5 (per 1000 live births)	7
Mortality rate between 15-60 (per 1000 population)	77 M/ 45 F
Total expenditure on health per capita (international dollars)	$2548
Total expenditure on health as % of Gross domestic product	9.1%
Human Development Index (2012 out of 82 countries)	32

In 2010 coronary heart disease and stroke were the main causes of mortality in Malta. Second was road traffic accidents for citizens under 65 years of age while 29% of deaths were due to cancers. 10% of adults over 35 years have diabetes. The risk factors for these are smoking, obesity, hypertension, raised cholesterol and lack of exercise. The rate of childhood obesity in Malta is one of the highest in the world. Bronchial asthma is more common due to the hot and humid climate and high smoking. A Eurostat survey (2011) revealed that Maltese women are the second most obese while men top the EU rankings. This is likely to be due to a traditional Maltese diet of cheesy pastry snacks, pizza, pasta and large portion sizes.

There was also a lack of public health campaigns targeting smoking or alcohol consumption in Malta. In the UK there are many quit smoking and responsible drinking campaigns. The legal drinking age is 17 in Malta. Alcohol and cigarettes are heavily taxed in the UK but in Malta these are inexpensive and despite it being illegal to smoke inside restaurants and bars, this is not enforced. Interestingly, the age of consent for sexual acts in Malta is 18 and the emergency contraceptive pill is not licensed for use and cannot be bought from Maltese pharmacies.



Malta



UK

2. Compare the health provision in Malta with the UK healthcare provision that is the NHS

Malta was ranked 5th internationally for the standard of its health service by the World Heath Organisation. The UK was 18th. Malta's healthcare system is both public and private and closely resembles the NHS. Hospitals have a modern setup and are equipped for most surgeries and the primary care Health Centres are run by GPs. Healthcare in both Malta and the UK is free at the point of delivery and is funded by tax and national insurance with no need to purchase health insurance.

There is an overuse of secondary care services. Mater Dei Hospital, the main public acute care government run hospital in Malta provides both general and specialist services. It is a university teaching hospital for the University of Malta Medical School and it was opened in 2007. It is also a specialist research hospital. There are 825 beds and 25 operating theatres with 14 theatres in use during the day and 20 ITU beds. Malta also has some private hospitals St James Capua and St Phillip's Hospital.

In the UK there are short waiting times despite low funding of only 9.32% of GDP in 2011 and only 2.2 doctors per 1000 people, one of the lowest in the EU. The health problems are similar to Malta; 23% of the population are obese in the UK, third only to the US and Mexico, due to a sedentary lifestyle and an unhealthy diet which has resulted in a high cardiovascular disease related mortality rate of 32% of total deaths in 2012.

3) What are the most commonly presenting neurosurgical conditions in Malta?

The most common neurosurgical cases I observed on my elective were similar to the cases I had seen back in the UK. Many patients were admitted with head injuries, falls and trauma and they were often elderly. Elective surgery consisted of removal of meningiomas, lymphomas and spinal laminectomies. On the ward rounds I met patients with brain injuries and optic, oculomotor and facial nerve palsies. In outpatients the clinics focussed on spinal stenosis and spinal herniation. I was also able to observe interesting neurosurgical biopsy procedures and assist the house officer with suturing on the wards. I met patients with intracerebral haemorrhages and learned of the management of these cases. Another interesting case was a patient with an arteriovenous malformation. I am also now more confident with the interpretation of neurological images such as CT and MRI scans as well as neuroanatomy.

4) Reflect on how I have adapted to working in a different environment and how I have become more familiar with the role of a F1 doctor

My elective at Mater Dei hospital was mostly observational but I was able to practice venepuncture and cannulation. Maltese medical students are not allowed to look in the patient notes without their consultant's permission and do not practise practical skills on patients either until their FY1 year after graduating as a doctor. Many patients were more fluent in Maltese than in English so the Neurosurgery ward rounds were conducted in Maltese.

In Malta junior doctors work on Saturdays and have a 'duty', which is an on-call shift once every five days. The day shift working hours are 7.45am to 2.30pm and the on call shift is from 10pm to 8am and then they start at 8am for their usual shift. The annual salary of a junior doctor starts at £31, 200 not including duties and is higher than the starting salary of £23, 533 for a doctor in the UK.

I found that in Mater Dei most of the rooms as well as the theatres had some Christian paraphernalia like a crucifix or a painting of Mary. UK hospitals are free of religious symbolism.

Confidentiality was not a main concern during ward rounds as the bedside curtains remained open and in Outpatients clinics, nurses would speak aloud individual patients medical details in the presence of other patients. This seemed like the normal experience for a Maltese patient in the hospital, as they did not seem particularly upset. There were also

corridor wards with beds in corridors with no curtains or privacy due to lack of room on the main wards.

Infection control was not strictly enforced as staff wore clothing below the elbows and watches on their wrists and alcohol gel and hand washing did not occur regularly between patients. The outpatients clinics over ran frequently as each patient was seen for 45 minutes to an hour. It was very thorough but a lot longer than an average Outpatients consultation in London. The theatre environment was fairly relaxed with loud music playing.

Antibiotics have been liberally used in the past in Malta, which has resulted in MRSA outbreaks and isolated incidents of drug resistant Klebsiella and Pseudomonas. Healthcare management has decided to limit the use of antibiotic prescribing in primary care and in hospitals to only when it is absolutely necessary. Despite this I noticed the choice of antibiotics as prophylaxis for some operations surprised me as some broad-spectrum combinations were given. I also noted that anaesthetists opted for arterial lines, a more invasive form of monitoring which has a higher risk of infection post surgery.

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