

N. GEORGE

Elective Report

- Beirut -

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A much anticipated trip to the heart of Lebanon's capital, albeit an anxious and nervous wait hoping that the United Kingdom's foreign office does not alter its travel restrictions. Caught in the midst of a power struggle and a region often easily-ignited, an elective in Beirut was surely going to be fun. Springtime would also contribute to a relaxing and temperate weather in a city embraced by the Mediterranean Sea on one side and snow-covered mountain peaks on the other. The Lebanese cuisine needs no introduction or praise as it speaks for itself. Morning breakfast from the bakeries on the way to the elective venue, followed by a delicious dinner on the way back home was a delight on a daily basis. The buzz of the people and the street-life created a lively exuberance typical of Middle Eastern and Mediterranean cultures. Altogether, the setting was set for a memorable experience in a country considered my other home.

Rheum at the 'Roum'

Coincidentally, the hospital I was working at – St. George's Hospital, was colloquially known as 'The Roum Hospital'. Roum – a term reserved for the Eastern Greek/Roman Orthodox Church in the region of the Levant, was also the common name for the hospital closely associated with the Greek Orthodox Archdiocese in Beirut. Established as a community clinic back in 1878, St. George's hospital has progressively become one of the leading innovative medical centres in the Lebanon. As a teaching university hospital and medical centre in the heart of Beirut's cultural and metropolitan city of Ashrafieh, its reputation has reached far beyond the country's borders; as people from as far as Iraq and Saudi Arabia are known to have sought after its services.

One service, however, has only recently started spreading its wings to reach the local and regional population. That is the speciality of rheumatology. As a field that I am fascinated by and consider a career option, I thought it best to gain first-hand experience into how rheumatology operates in the Lebanon. As a flourishing field emerging in a competitive environment, incoming rheumatologists have quickly gained a reputation across the country with a high demand by the general population. I had the privilege of working with a nationally acclaimed rheumatologist, where I observed and was taught exemplary methods of history taking, examination and management of complex diseases.

Some of the commonest presentations seen at the outpatients rheumatology clinic were osteoarthritis, polyarthritis (mainly rheumatoid arthritis) and less so the spondyloarthritides. Of the spondyloarthritides, enteropathic (commonly inflammatory bowel disease) related arthritis and psoriatic were of the commonest reported. Rarely are connective tissue disorders seen, even though it would be expected that the geographical distribution of certain diseases (for example Behcet's syndrome) may raise their incidence in the Middle Eastern region.

Management of rheumatological diseases is similar to what takes place in the U.K. However, there are minor differences. I have witnessed each and every patient getting more time per consultation (at least 30 minutes) including a clinical examination. Corticosteroid injections were commonplace at the clinic and the use of gelatinous hyaluronic acid injections into joints was also a more popular procedure than I have witnessed in the NHS. Overall, the monitoring and investigations ordered for management of conditions is closely tied in with the American rheumatological guidelines. As for the medications, which are not as tightly controlled by governmental bodies as in the U.K, occasionally a shortage of supply of certain medications takes place that impacts the long-term management of disease.

The way by which patients presented at the rheumatology clinics was not by the same means that takes place in the NHS. There is no official referral from a general practitioner. Word of mouth tends to guide people to the outpatient service; be it at the behest of another doctor or a friend or relative. This does indeed raise issues in that no medical guidance is available to lead people in the right direction as people with potential rheumatological diseases end up self-referring to orthopaedic surgeons. Furthermore, the outpatient clinics ran without nurse-support. Secretaries played a major role in assisting the doctors and surgeons. Their roles included managing inflow and outflow of patients, obtaining patients' records, ensuring patients arrive for their appointments, recording new patients' details into the notes, liaising with other doctors at the request of their colleague and last but not least invoicing and taking payments for consultations. Inpatient referrals were also similarly managed as in the U.K. where a brief referral letter is made to the rheumatologist to consult the patients on the wards.

HealthCare provision

As a non-profit organisation, St. George's hospital relies on continuous revenue from patients and insurance schemes to maintain its services. A recent expansion and upgrade to the hospital's facilities has allowed for a greater influx of patients from a wider catchment area. Up-to-date facilities have attracted many renowned physicians, which in turn has drawn research and with it funding. Drug representatives also attend on an almost daily basis to market their products to doctors. Individual consultations may require patients to purchase any necessary medication or medical equipment that may need to be administered or used during such consult. Thereafter, the price of the consultation – previously agreed via a consensus of similar physicians in the same medical domain, is charged per patient on the way out of the consultation room. Medical insurance schemes and the National Insurance system usually cover a major part of the cost. The private market system is in full swing in this part of the healthcare system.

All in all, I found the experience to be very useful and insightful. I managed to apply my medical skills, especially in terms of clinical history and examination. The chief rheumatologist I worked with helped me a great deal and continuously offered teaching opportunities. I picked up skills I had never heard of or been taught before. I found the ease of transferring skills from the U.K. to the Lebanon quite pleasantly surprising. In conclusion, though I do not see eye-to-eye with a privatised healthcare system, the experience at the rheumatology department at St. George's Hospital was hugely rewarding and invaluable. The skills and techniques that I learnt, as well as overcoming the language difficulties, are aspects to be remembered and embarked upon for the future.