

Elective Report – Malta and St George's Hospital (Tooting)

Objective 1

Describe the pattern of disease/illness in the population with which you are working and discuss this in the context of global health

The WHO health statistics for Malta are very similar to those of the UK in terms of life expectancy and expenditure on health as a percentage of GDP. However, Malta has a different disease profile partly due to its isolation and arguably its reluctance to take in refugees and illegal immigrants who cross the Mediterranean sea from Africa to Europe. Immigrants in Malta make up only 1% of the population and there is no significant ethnic group. Globally, HIV is one of the biggest public health issues and is the main cause of death worldwide, however Malta has one of the lowest rates of HIV in Europe, with a prevalence of approximately 0.1%, and less than 20 new diagnoses were made in 2012. Mortality data by cause of death is comparable to the UK, although Malta has a slightly higher percentage of cardiovascular disease (41% to 34%, with ischaemic heart disease being the biggest killer), and lower rates of respiratory-related deaths (5% to 8%). Worldwide, obesity and Type 2 diabetes are two of the biggest health concerns. Malta is no exception to this, with childhood obesity rates being some of the highest in the world. It also has higher than average rates of pancreatic, cervical and ovarian cancer. The latter has been suggested to be linked to the large number of nuns resident on the island, who are nulliparous and therefore have an increased risk of ovarian cancer. Malta also has no national screening programmes for any cancers, which may be linked to the higher incidence of cervical cancer and high mortality from breast cancer. Smoking rates in Malta are also high, and the government is attempting to tackle this by health awareness campaigns. Such campaigns have been successful in the UK where rates have declined over recent years.

Objective 2

Describe the pattern of healthcare provision in relation to the country in which you will be working and contrast this with other countries or the UK

The healthcare system in Malta is modeled on that of the UK, unsurprising in a country that until fairly recently (1964), was still ruled by the UK. In 2000, the WHO ranked its healthcare system as 5th in the world, well above the UK in 18th place. Healthcare is paid for through taxation, and the issuing of prescriptions is means tested so those on low incomes do not pay. For Maltese citizens, health care services are free, however most foreign residents need private medical insurance. An exception is made for British passport holders as Malta has a reciprocal arrangement regarding the provision of health care with Britain. The Maltese government has an annual quota of patients which it can send to the UK (anything over this quota must be paid for on top), sending the more complex cases to hospitals such as Great Ormond Street and the Royal Marsden. Those patients sent to the UK are small in number but the cost of this is high due to the complexity of their problems, and so this agreement is unlikely to be changed in the future unless the Maltese government decide that sending its patients abroad is no longer the most economical option.

Malta has a mixture of public and private healthcare services as in the UK, with general practitioners often based in public health centres with other services, such as dentists, physiotherapy and dieticians. Healthcare is split over the islands of Malta and Gozo, although more specialist tertiary care is provided on Malta. There is currently one main teaching hospital on Malta, Mater

Dei Hospital, which was opened in 2007 and also some tertiary centres, such as a hospital for dermatology and oncology (Sir Paul Boffa Hospital), geriatrics, a psychiatric hospital and a few private hospitals. Most patients use private GPs who charge approximately €20 to come and visit the patient in their own home, the majority of pharmacies also have a GP on site during opening hours and patients can attend for a drop-in appointment for a fee of around €10. There are no hospices as in the UK, with terminally ill patients either at home (with hospice at home support) or in the hospitals. There are differences in the day to day running of the system, with longer waiting times for scans and procedures than in the UK, to the point where ministers are suggesting that operations and scans be carried out into the evening in order to decrease the number of patients waiting in a backlog, a plan known as the Twilight Initiative. Overall, the quality of healthcare in Malta is very good, with many specialists having been trained abroad at some point and only the rarest cases are outsourced to the UK. However, waiting lists for non-urgent treatment are an issue and many patients end up paying to go private to avoid the long wait.

Objective 3

Learn about the use of ultrasound in trauma patients

St George's Hospital is the local major trauma centre and has recently had a helipad constructed so is well equipped to handle patients with traumatic injuries. Whilst on my elective I had the opportunity to observe several major traumas and see the use of the FAST scan in looking for obvious abdominal damage and/or fluid. I saw several scans carried out for traumas such as pedestrian vs vehicle, stabbing and a horse rider. I was shown where to look for free fluid and organ damage, and was taught how the results can be interpreted and used in terms of decision-making in the emergency situation.

Objective 4

To experience a wide variety of presentations of illness and become proficient in forming a differential diagnosis and management plan for the acutely ill patient

I spent 4 weeks in the A&E department at St Georges, rotating around the different areas (Majors, Resus, Urgent Care/Minors and Paediatrics). In doing this I was able to see a wide variety of patients and conditions. I was able to clerk patients on my own, examine and formulate a differential diagnosis before presenting to a member of the team, and I found this really good experience, although many of the medically ill patients were sent to the acute medical ward for further tests to establish a diagnosis, and without this it was quite hard to formulate a management plan. I also learnt a lot about different criteria required before certain tests could be ordered, and had chance to look at a large number of xrays, particularly of hands and ankles and practice looking for fractures.