

## Elective Report 2014

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### Overview

I commenced my elective within the department in the 14th of April 2014. I was introduced to the department and supervised by Dr In-Jung Lee. The department itself had 3 Consultants and one trainee registrar. The department was spread across an external 'villa' (think consultation and treatment rooms outside the main building) and then inside the main building where we had one theatre for ophthalmic surgery. There were 2 qualified nurses full time within the department, and my initial impression was that it had a 'community feel' about it. My time has been split between clinics and surgery within the hospital, attending referrals with the doctors if called to another department, such as the ED. I opted for ophthalmology as we only have a week of it here, and I'd enjoyed it in 4th year!

### Report

My electives as outlined at the beginning were to initially compare and contrast health provision between New Zealand and the UK, using cataract and glaucoma as suitable examples, using the treatment and guidelines for treatment as markers. At a personal level I also hoped to improve my own knowledge of Ophthalmology owing to a limited amount of time for the speciality when in the UK. After discussion with IJ I have opted to revise these objectives slightly (discussed below), as I suppose is part of the learning experience.

The knowledge that I gained on this trip when looking back on my objectives was almost entirely different to those my initial objectives would have asked for. With hindsight it seems a difficult suggestion to compare and contrast an entire speciality across an entire population based upon a stint in one District Hospital! In that manner I have opted to discuss health attitudes and provision between my usual population in London, and those I met in Hawkes Bay as it sums up my experiences here rather better.

The population of Hawkes Bay, especially in Hastings where the hospital is situated is divided racially between the Maoris, and a white immigrant population. I point this out as I have certainly felt a large divide between the cultures and attitudes in my stay so far. Hastings has a total population of about 60-70,000 people, but the Hospital serves many of the surrounding towns as well. The area is a few years behind Britain in terms of infrastructure, with less frequent public transport and less provision of internet services. Much of the surrounding land is farmland, with many workers employed seasonally as apple pickers or as other temporary farm workers. Most of the hospital doctors I met were not from the area, but were from Auckland, The United States or further afield - as many stay for only a few years it can be difficult to build departments here according to the staff.

The reason I mention these things is that in terms of my objectives I had underestimated the importance of the population and the healthcare system in terms of healthcare delivery; I had tried to focus on specific conditions; something I feel to be limiting with regards to my experience as a whole and something that asked the wrong questions. With regards to my original objectives; cataracts are treated in the same manner as in the UK (albeit with shorter wait times for surgery!). However I wanted to report upon my impression of the NZ health system in this relatively remote region of New Zealand.

Something that has been obvious throughout my elective is that families attend clinics and the ED, not just patients. I have seen up to 7 visitors accompanying one grandmother, and decisions are very much family made. There is also very limited health knowledge in the region. In my limited experience there it appears that most of the population work outside of academic fields and therefore have less of an access to knowledge about their health (coupled with low internet access - patient's quite often have no ideas on ICE!). In practical terms for us it meant that many things could get 'lost in translation' so to speak - I would say that most of our clinics overran as it took longer to

explain things. Part of this is due to the complex nature of Ophthalmology, but partly because a large knowledge base needed to be provided. This for me has been quite a profound difference and brings me back to health care provision. Much of what I have been doing here has been patient focussed; advice, explanations and coming to decisions together rather than prescriptions.

Another key aspect is that patients here may have to pay for prescriptions if not work related injuries. I think the most profound memory for me thus far has been Mr and Mrs X deciding to spend several thousand NZ dollars for anti VEGF treatment for wet macular degeneration, a treatment with a 33-66% chance of stabilising or improving damage to the retina. Watching patients struggle for money and having to make healthcare decisions based on finance was a particularly unpleasant experience for me.

Regarding my personal development objectives within ophthalmology- I would like to think that my own knowledge regarding ophthalmic illness has improved! I have learned from practical experience of slit lamp and ophthalmoscope use, and from observing IJ and the consultants in clinic. Hopefully this has made me a little more adept at recognising ophthalmic conditions, but also knowing when to refer as an F1 which should be handy in the coming months. Obviously much of the specialised imaging is beyond my scope, and I would suggest that that is a difficulty in selecting a speciality as an elective choice! I have managed to gain some additional experience in theatre, including a substantial amount of cataract surgery.

#### **A Brief Reflection**

I opted to put this in as an objective in itself as it has been one of the most useful tools in my experience for documenting experiences! I have enjoyed this elective thoroughly. It was not as I expected, but in traveling by myself I have made friends (many of them also on elective themselves!) and have learned a lot about not only this place but also myself in doing so. From a personal perspective I think I have become more independent and inquisitive, and I have undertaken something thoroughly by myself. I would hope this experience here has broadened my horizons; not just regarding the healthcare system, but the different populations that we cater for, their beliefs and their priorities, such as family.

On a practical note - New Zealand is expensive! Doctors here are given free food at the hospital so the cafeterias will try and rip you off if you're the only one paying in cash. It's also exceptionally cold this time of year as it's Winter so on reflection I should have packed warmer...

I feel I fulfilled my objectives but more importantly recognised what the real objectives were. I have had many interesting experiences that I will not soon forget here. It is with a new attitude that I will be returning to London; with a more relaxed attitude to life and a new respect for a healthcare system that aims to leave no one behind.

Thanks for having me!

Thomas Christopher Hoad