

Elective Report – Hollie Kingsnorth

Placement: Obstetrics and Gynaecology, Royal Hospital for Women, Barker Street, Randwick, NSW, Australia. Elective dates: 14/4/2014 - 16/5/2014

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

Australia is a developed commonwealth country comprising of mainland Australia and a variety of smaller islands, the largest being Tasmania. Its population comprises of indigenous Aboriginal descendants, European colony descendants as well as immigrants, primarily from Indonesia and Asia.

As a developed country with access to modern medicine and technology, its average life expectancy of 83 years reflects this. This is equal to countries such as Italy and Switzerland and only one year behind the leading country, Japan. It is exactly double the life expectancy in Sierra Leone, the lowest globally at 46 years old¹. The probability of dying under five years old is 5 per 1000 live births; this is identical to the probability within the United Kingdom (UK)^{2,3}.

In 2009, the antenatal care coverage, defined as at least one visit to a clinic was recorded as 97.1%. When the definition was increased to include at least four visits, this decreased to 91.2%. In the same year, 99.1% of births were attended by a skilled health worker and 31.5% births were by caesarean section⁴. In comparison to the United States of America, Australians are 6.2% less likely to attend more than four antenatal clinics but almost as likely to have births attended by a skilled health worker or have a caesarean section⁵. One factor in the decreased uptake of antenatal care may be the population demographics. The 2005 census found that the resident indigenous population of Australia was 2.4% of the total. Aboriginal women require special targeting for health provision. Within the Royal Hospital for Women, a specialist Aboriginal Maternal and Infant Health Service is available to try and increase uptake within the community to provide them with access to modern healthcare and a support network. Currently, more than 60% of Aboriginal women have not had a health care check by the time they are five months pregnant, leading them to be four times more likely to have premature births or sick babies. Aboriginal babies are also twice as likely to die during pregnancy than other Australian babies. This could be due to a lack of resources within the Red Centre compared to the more urban coastal cities, as well as the traditional stigma between Aboriginal natives and European descendants within the country and the differences between the health beliefs of these two groups. This shows that there are different patterns of illness within different Australian communities, as well as globally⁶.

As a developed country, Australia's proportional mortality from non-communicable disease is similar to that of the western countries. Non-communicable diseases account for 90% of all deaths and include cardiovascular disease (35%), cancer (29%), respiratory disease (6%), diabetes (3%), injuries (6%) amongst others. They also face an obesity crisis similar to that of Western Europe and the United States of America, with an increasing body mass index, despite their society's sport obsession. Overall, the pattern of illness and disease within the Australian population is very similar to that of the UK and other westernised, developed countries.

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

Health provision within Australia is a joint private and government venture. National health policy is determined by a government Minister for Health which is then instituted by individual state governments.

Medicare is a universal health care scheme funded publically since 1975. It funds primary health care for Australian citizens and permanent residents. This allows access to subsidised treatment from doctors, dentists, midwives and allied health professionals as well as free treatment in public hospitals. It will also cover some of the cost of services and procedures as a private patient. Based on your annual income, citizens can be eligible for additional services, meaning healthcare will cost less. Those on the medicare register then become eligible for screening programs such as for bowel cancer or are able to access free childhood vaccination programs. People are also rewarded for having private health insurance in addition to being registered for medicare. A private health insurance rebate subsidises insurance premiums, aiming to encourage people to use private health care as the universal system is not sustainable ⁷.

To increase my clinical knowledge in obstetrics and gynaecology, allowing me to become a safer clinician

This was achieved by attending teaching organised for senior medical students at the University of New South Wales within their obstetrics and gynaecology placement. Lecture topics included:

- ovarian cancer
- medical oncology
- endometrial cancer
- palliative care
- breastfeeding

I also attended a seminar on puerperal psychiatry, with a focus on puerperal psychosis. This teaching allowed me to refresh my memory of my placement in the UK as well putting it into a global context. Additionally, whilst writing my audit I was able to gain a better

understanding of different fertility treatments and the advantages/disadvantages of each method, an area which I had not previously had much exposure to.

To undertake an audit in fertility outcomes to develop this skill

This was achieved by conducting a review of the annual report for the Department of Reproductive Medicine, Royal Hospital for Women, Sydney under the supervision of Prof Ledger. I looked at the data collected by the department from 2009 to 2014 and reviewed each clinic producing a document which can be used by staff members to identify areas for improvement and areas of excellence. This allowed me to develop key skills including how to use excel and basic data analysis, which will help me within my future career. It was also interesting to learn more about the different forms of fertility management, how popular they are and how successful they are, a questions which I think patients and friends alike will ask me throughout my career, regardless of which field I will practice in in the future.

References

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