

## Elective Report

### **What are the prevalent respiratory conditions in California Pacific Medical Center (CPMC), San Francisco? How do they differ from the UK?**

I have been struck by the similarity of respiratory conditions in San Francisco to the ones I have seen in my training in the UK. Both the USA and the UK are developed, Western nations and are therefore it stands to reason they are affected by a similar array of respiratory diseases. It is estimated around 18% of adults smoke in the US and 20.5% of adults smoke in the UK and therefore in both nations smoking related lung disease, especially chronic obstructive lung disease and squamous cell lung cancer, are comparatively prevalent. Furthermore, the causative agents of community acquired pneumonias and hospital acquired pneumonias are the same as in the UK, and therefore the management of these conditions has been similar to in the UK - with the only real difference being different antibiotics are used, although there are differences in antibiotic use between hospitals in the UK also.

One of the similarities I was surprised at was how often tuberculosis (TB) was considered as a diagnosis – and in fact there were two case of TB whilst I was at CPMC, one reactivation of latent TB and one case of miliary TB. San Francisco, like East London, has a large immigrant population - and it differs from London in that there are much higher levels of Mexican and Asian immigrants. In London, the majority of immigrants come from Southern Asia (especially Bangladesh) and Eastern Europe - but all these demographics have a higher risk of TB infection. An interesting difference in respiratory conditions in SF is the consideration of the fungus infection coccidioidomycosis, also known as 'Valley Fever'. It is endemic to Northern Mexico and parts of Arizona, Texas, California, Nevada and Utah. It is not an infection I have seen in the UK before, and it was the primary differential diagnosis for my first patient.

### **Compare the US health services with the UK National Health Service**

I did not have a huge amount of knowledge about the US healthcare system, other than what I had heard and read in the news. I, perhaps mistakenly, had the preconception that insurance issues would be at the forefront of managing every patient, but I have been pleasantly surprised that was not discussed in much detail at all whilst being here. A number of patients I have seen did not have

insurance, and they were given expensive treatments without mention of coverage. Maybe issues would arise more with the management of chronic conditions, and also it's not clear to me the cost and consequence of the treatments the patients I've seen received after discharge – as my exposure to the US health service has been limited to acute, inpatient management.

I found it interesting how autonomous attending physicians are in America. It seems in the UK, doctors are part of a huge system (the National Health Service) whilst, in America, doctors have cards with their practice details on, and patients can refer themselves to the clinic without going through their primary care physician. In the UK, the primary care doctors are 'the gatekeepers' to what services people can access, but in the USA patients have much more freedom to see a particular doctor and also have greater access to specialized services. I can see the benefits of both systems. In the UK, primary care doctors are able to refer only when they think it is needed. I worry in America a patient might see a specialist when their problem could be handled in primary care, or indeed see the wrong specialist.

### **To further my experience in respiratory medicine and in the diagnosis and treatment of respiratory disease**

I have found my time at CPMC extremely educational and interesting. Being on the pulmonary consult team, we generally only are referred to see more specialist patients – and therefore I have had the opportunity to see some rarer conditions. When I have carried out placements in respiratory medicine in the UK the vast majorities of patients have COPD or asthma exacerbations, or are being treated for community acquired pneumonias. In CPMC I have been given the chance to help work-up the diagnosis of various less common lung disorders, including interstitial lung diseases, hepato-pulmonary syndrome, and Wegner's granulomatosis.

I have also been given the chance to monitor and manage my own patients, including doing the initial assessment and management plan when we are referred a new patient – right up until the patient is discharged. This has been very useful as it has enabled me to think for myself, to come up with my own differential diagnoses and to think of which initial investigations are most appropriate. I have also always been well supported by the fellow and attending, and everyone has been very keen to teach throughout my time here. I feel this will be a great help when I start working in August. There has also

been at least two hours teaching a day, one hour in the morning and one at lunchtime, which has been fantastic and I feel my medical knowledge has improved throughout my time at CPMC.

**Reflect on the different challenges a doctor faces in the USA compared to doctors in the UK**

I did not know what to expect a doctor's role to be in the US, as my only real experience before this placement came from television and Hollywood. I have been surprised at how similar a doctor's role is in America compared to doctors in the UK, and both face similar challenges. Doctors in the UK and USA both work very long hours and also have to make a lot of sacrifices to their personal lives to work such a demanding job. From my experience the role is very similar, with major differences just being the facilities and organization of the hospitals. There are a greater number of nurses in the USA, and junior doctors do not have to carry out many blood tests or put in IV lines like in the UK. Also the whole of CPMC's notes are computerized, and there are a lot more computers and laptops than I have seen in the UK – and perhaps it is a glimpse in what the NHS will be like in a few years.

I was also able to speak to medical students from US medical schools whilst on placement here. Again our role sounds similar, and the experience they get is largely determined by the doctors running their placement. I would suggest perhaps I have been involved more in the team and managing patients than in the UK, when frequently medical students are more just observers, but again I think it is very variable here also. Medical students also have to pick a specialty that they want to work in even earlier in the US than medical students in the UK, and I am glad we are given more time to decide!