

ELECTIVE REPORT

DESCRIBE THE PATTERN OF DISEASE/ILLNESS OF INTEREST IN THE POPULATION WITH WHICH YOU HAVE WORKED AND DISCUSS THIS IN THE CONTEXT OF GLOBAL HEALTH

My colleague and I organised a dermatology placement in central Dubai and Sharjah. Dermacare Skin Centre gave us plenty of exposure in aesthetics whereas Specialized Medical Centre dealt primarily with dermatological complaints.

Aesthetic procedures such as Botox, lip fillers and pigmentation treatments to name a few were commonly performed. Aesthetic procedures form a big part of dermatology in the Middle East as opposed to the UK.

Dubai is a Muslim country therefore it was important to respect patients' culture, beliefs and traditions. Being a woman placed me at an advantage in consultations, as the majority of patients were female. Clinics in Sharjah were primarily held in Arabic, therefore I was unable to take a history but was able to examine patients. This was less of an issue at Dermacare Skin Centre as the patients were mainly fluent in English.

It was important to note that the conditions observed varied between Sharjah and Dubai. Dubai is a cosmopolitan city; therefore the conditions seen were broader. On the other hand, Sharjah, which is home to locals, had conditions pertaining to people of the Middle East. For example, skin cancer is a lot less prevalent as there are very few Caucasian people residing in Sharjah. This will be discussed later.

DESCRIBE THE PATTERN OF HEALTH PROVISION IN RELATION TO THE COUNTRY IN WHICH YOU HAVE WORKED AND CONTRAST THIS WITH OTHER COUNTRIES, OR WITH THE UK

The organisation of healthcare in the Middle East differs greatly to the UK. General Practitioners are not the first line of contact in the Middle East as they are in the UK. Patients mainly prefer to directly see a specialist. This is due to the fact that healthcare is mostly private and it would cost twice as much to see a GP and specialist rather than a specialist alone. Our consultant mentioned that GPs are unfortunately underappreciated in the Middle East and as a result have a very limited role in

healthcare. This manner of health provision is very similar to Kenya, where I conducted work experience before commencing medical school.

I feel that the system that we have in the UK is far superior, as GPs are an important first line of contact. My colleague and I saw some relatively minor dermatological conditions, which I felt could have been managed effectively by GPs, such as minor acne or eczema. In the UK only extreme acne or complex eczema would be referred to the dermatologist. However, I do understand that cost is a major factor and it is far more cost effective to seek the advice of a dermatologist directly. For those patients where cost may not necessarily be an issue, there is still that preference to see a specialist, as their knowledge is far greater in their specific field.

WHAT ARE THE PREVALENT DERMATOLOGICAL CONDITIONS IN DUBAI? HOW DO THEIR DIFFER FROM THE UK?

Having observed in clinic for an extended period of time, it is without a doubt that dermatitis and acne are very prevalent conditions managed by dermatologists. Acne is seen commonly at all levels of severity. My colleague and I noticed how incredibly self-conscious these patients were and demanded both topical and systemic medication even if the acne was just mild. Image is a massive concern in the Middle East with aesthetic procedures being performed so routinely hence why it is not surprising that patients with mild acne self refer to a dermatologist.

Acne and dermatitis are also common conditions observed in dermatology in the UK. It was interesting to observe that these were common skin complaints in both countries. However, acne rosacea is a very rare medical problem in Dubai and it is relatively common in the UK.

Dermatitis pigmentosa is an additional common skin condition observed in dermatology in Dubai. A hyper-pigmentation develops in sun-exposed areas, namely face, hands and feet as the rest of the body is often covered by 'hijab' in conservative areas such as Sharjah.

Skin cancer is very rare amongst locals in Dubai with higher rates in the UK. Our consultant who is based in Sharjah diagnosed 2 cases of basal cell carcinoma between 1987-2014. Dr Nasir, a well renowned dermatologist based on Al Wasl Road, Dubai sees patients from all over the middle east and has diagnosed roughly 5000 cases of

skin cancer (mainly basal cell carcinoma) in mainly Caucasians/ex-patriarchs. It is very interesting to note that despite living in hot climates, the rate of skin cancer is very low. Notably the awareness of using sun protection factor or use of sun protection is quite low.

HOW ARE DERMATOLOGICAL SERVICES ORGANISED AND DELIVERED? HOW DOES IT DIFFER FROM THE UK?

Dermatological services are organised either as an independent clinic such as Dermacare Skin Clinic on Al-Wasl Road in central Dubai or in conjunction with other specialties such as Specialised Medical Centre in Sharjah. Our dermatology consultant worked very closely with Mr. Najm, a plastic surgeon so it was very important that their clinics ran at similar times. For instance a patient presented with molluscum contagiosum and wanted the lesions removed, so was immediately referred to Mr. Najm for removal.

Dermacare had two dermatologists who worked in clinic alongside nurses, aestheticians and cosmetologists. Aesthetic procedures were often treatment methods for skin complaints such as pigmentation. In the UK one would directly see an aesthician to have a procedure done. Dermatologists do not really work in conjunction with aestheticians in the UK and are often two separate clinics.

As I previously mentioned, image plays a big role in the Middle East, therefore it makes logical sense for aestheticians and dermatologists to work in conjunction with one another. Dermatologists also offer Botox and lip fillers a lot more routinely in Dubai then they do in the UK because the demand for it is higher. It is not to say that this is not the case in the UK, but the demand for aesthetic procedures is incredibly high in the Middle East.

In the UK, dermatologists do their NHS work in a hospital and do their private work in private hospitals. However, Harley Street offers independent dermatology clinics similar to Dubai but these are not as common in the UK like how they are in the Middle East.