

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

What are the prevalent conditions in GP in the Netherlands? How do they differ from the UK?

Whilst on my elective, I saw conditions that I had only ever read about in textbooks before. For example, in my first week I saw what was thought to be hand, foot and mouth disease, a condition that I never saw whilst on my paediatrics placement in the UK. Furthermore, it was interesting to hear about the prevalence of Bortedella pertussis or whooping cough, and how because of vaccine hesitancy in the 1980's there has been a rise in cases in 30-40 year old adults, as opposed to just children, the group most at risk in the UK. These patients can be managed with erythromycin; however this is not for symptomatic relief and to prevent transmission, therefore these patients are often unwell and complain of tiredness as well as other symptoms. Counselling these patients, therefore, is equally important, and not something we are exposed to in the UK as the opportunity to do so does not arise. The final condition that I saw, which surprised me, was a presentation of pityriasis versicolor. This skin condition has a very distinctive appearance and is treated with ketoconazole shampoo; however, I had never seen it in person before when on dermatology placement. It is interesting that conditions which present in a GP setting, especially when you are used to those prevalent within the confines of East London, differ greatly when in different geographic and socioeconomic environments.

How are medical services organised and delivered in Netherlands? How does it differ from the UK (rest of Europe)?

Healthcare in The Netherlands is privately provided and cover by insurance companies. The approximate cost of insurance is €120 per month, which provides cover for GP appointments, investigations, medications and hospital treatment. In one calendar year, the first €380 of medical care must be paid for by the patient, once this threshold is reached, medical care is covered entirely by the insurance. At the point of delivery, the healthcare is provided for free, with an invoice sent to the patient afterwards, detailing the cost of their care, investigations and medications. This system is in direct contrast to that of the UK where the NHS provides free healthcare which is funded by the Government via taxpayer contribution. In The Netherlands, patients are more acutely aware of how much medical care costs, and so, from what I have observed have a greater respect for it. For example, there has not been a single Did Not Attend whilst I have been on placement, something I saw all too much of when I studied in the UK. Moreover, I did not get the impression that people did not attend their doctor because of the cost, instead they seemed more likely to get checked and follow advice that they were given.

What are the prevalent public health strategies to reduce disease in the Netherlands? How does this differ from the UK?

Since the beginning of 2024, the sale of flavoured vapes (e-cigarettes) has been prohibited in the Netherlands, with only tobacco flavour now allowed. This public health measure was taken to limit the accessibility of tobacco to young people. Vapes, may be considered a 'healthier' alternative to cigarette smoking, since they do not contain tar. Nevertheless, they contain nicotine, an addictive substance, and thereby often end up as a stepping stone to cigarette smoking (at least in the UK). The UK, on the other hand, has not fully restricted the sale of flavoured vapes, however passed a law in April 2024 to stop children who turn 15 this year or younger from ever purchasing cigarettes/other tobacco products. This followed New Zealand, who were the first country worldwide to introduce a policy that would ban tobacco

sales for future generations. On observation, in places I have visited, the Netherlands appears to have a younger and larger cigarette smoking population when compared to that of the UK. This disparity is likely to continue due to the new law being introduced in the UK. On the contrary, my personal observations are that fewer young people vape in the Netherlands. This is likely due to the nationwide ban imposed on disposable vapes, making it more difficult for young people to obtain them. The UK, whilst toughening advertising laws around the sales of disposable vapes, is yet to ban their sale. Should the UK follow the trend set by the Netherlands, and ban flavoured vapes, then similar levels of young people may cease to vape in the future. The public health impact of this would likely be highly positive.

To be able to take part of medical history/explain a condition to a patient in Dutch by the end of the placement

Hoge bloeddruk (hypertensie) is als jouw bloeddruk groter is dan 140/90. Je kan dit thuis meten of bij de huisarts. Soms is je bloeddruk thuis minder dan bij de dokter, daarom is de limiet in 135/85 als je het thuis meet. Je kan hoge bloeddruk niet altijd voelen, maar sommige symptomen zijn hoofdpijn, moe zijn en misselijk zijn. Je kan hoge bloeddruk krijgen door veel dingen: leefstijl (overgewicht, veel zout eten, veel alcohol drinken), zwangerschap, medicijnen. Hoge bloeddruk kan ook van jouw familie komen.

Diabetes type 2 is een ziekte waar je teveel suiker in je bloed hebt. Dit gebeurt als je lichaam minder gevoelig wordt voor insuline. Dit is een hormoon die zorgt dat suiker in je cellen word opgenomen als je bloedsuiker hoog is (zoals na het eten). Als jouw lichaam minder gevoelig is voor insuline, dan blijft er meer suiker in jouw bloed en je lichaam wil meer insuline produceren. Symptomen van diabetes zijn bijvoorbeeld veel plassen, dorst hebben en moe zijn. Diabetes type 2 kan erfelijk zijn, maar kan ook vanwege je leefstijl zijn. Het is daarom belangrijk dat je genoeg sport en gezond eet. Je kan ook tijdelijk diabetes krijgen tijdens de zwangerschap. Als dit zo is dan is er meer kans dat je na jouw zwangerschap diabetes type 2 krijgt.