ACCIDENT + EMERGENCY
NAJIB
Aalya

Elective Report

What are the most common medical emergencies in Makkah? How do they differ in different population groups: Saudi citizens? Pilgrims?

The most common medical emergencies in Makkah differed depending on the group of people that presented and the setting in which they presented.

In the private hospital the majority of patients were either Saudi citizens or long term immigrants who were currently working in the kingdom. The most common medical emergency in this group of people was fever mainly diagnosed as fever of unknown origin but also cases of dengue fever were fairly common. I also saw daily admissions of diabetic patients, many in diabetic ketoacidosis. This highlights the high prevalence of diabetes in Saudi Arabia as well as the poor control amongst the general population. Speaking to local people and observations I made during my time there both indicated that a poor diet was the main contributor to the high levels of diabetes as well as cardio vascular disease in the population. I decided to get some basic socio-economic data on the diabetic patients which I presented to the team toward the end of my placement, which indicated that the incidence of diabetes was very high among the wealthy members of the population with a high disposable income, and nearly zero in patients from a lower socio-economic group. For further reading I would want to research the statistical data of diabetic patients in the UK to see if any link such as this has been found in the UK population, or if in fact it reflects the rich diet the wealthy can afford in Saudi Arabia and the high levels of exercise in the manual working population.

The time I was then able to spend in the medical centre in the holy mosquewhere both local and foreign people preform the pilgrimage, gave me the opportunity to see a very different type of medicine. Most patients here presented with either very acute emergencies such as cardiac arrests and collapse or trauma cases such as fractures and falls. As a stark contrast there were also a large number of minor complaints such as coughs and colds or joint pains. This was mainly in the pilgrim population who did not know the city well and so were not aware of or were out of reach of primary care clinics and government funded hospitals.

How is acute medical care organised and delivered in Saudi Arabia? For citizens and for pilgrims? How does this differ from UK?

In order to accommodate the varied demands of the different patient groups, the medical and surgical care of patients in Saudi Arabia is organised very differently in comparison to the UK. However acute medical care is organised more similarly to the UK, and although there is no national health service to the extent there is in the UK, acute medical care is provided by government hospitals and local clinics to Saudi citizens, Immigrants and pilgrims alike. The triage systems led my nurses were very efficient and effective and used a similar colour coding system to us in the UK. I was surprised to also find very similar paperwork such as transfer requests and the use of discharge summaries as in the UK.

The main difference in Saudi Arabia was the popularity of designated emergency only hospitals and acute primary care clinics in makkah, mainly near the holy mosque where there is the highest number of pilgrims. These were very well equipped, highly staffed but relatively small establishments that dealt with only major emergencies. Anything deemed as non-critical meant that patient was sent away independently to the nearest general hospital or clinic.

How does the ministry of health deal with the varied demands of the international pilgrim population, focusing on financial requirements and public health needs?

The ministry of health which was founded in 1915 is the specialised organisation that creates and enforces regulations of all healthcare services provided in Saudi Arabia, it aims to guarantee adequate standards for practicing medicine by regulating the healthcare establishments, the workforce the equipment and the drugs used. Without such an organisation meeting the demands of the local Saudi citizens, the immigrant workers and their families which make up a large percentage of Saudi residents, as well as the pilgrim population would be near impossible.

Throughout the year pilgrims from 6 continents travel to Saudi Arabia to complete their pilgrimage, and the Hajj sees 2-3 million pilgrims present at one time. The ministry of health provides free medical care to all the pilgrims and describes that as the hosts of the pilgrimage they have a responsibility towards these patients. As mentioned abovedesignated emergency hospitals and local clinics serve the pilgrim population well and the work force here are trained in international health and are usually multilingual. They are trained specially to recognise and prioritise the acute problems to get a patient well again so they can complete there worship. They are also trained to identify specific illnesses depending on where the patient is originally from and the epidemics there. They also have very high levels of infection control in order to protect the kingdom from communicable diseases. Another way they do this is by the immunisation requirements for all those who enterSaudiArabia, as part of the immigration policies.

The working immigrants are required to have health insurance as part of their visa entryrequirements, and this is usuallypaid by the sponsoring employer. This insurance allows them to be seen in private hospitals only, not government funded ones which are free of charge for Saudi citizens and pilgrims only. Immigrants are not treatedfree of charge at government funded hospitals and most health insurances do not cover the government funded hospitals either.

The Saudi health system is impresssingly strong as it can withstand the high level of foreigners particularly at the hajj season both financially and in terms of their public health needs. It also ensures that no population group is ever put into a situation where they cannot access healthcare because of financial issues. The fact that this is all founded on a system where the population does not pay tax is very remarkable.

Reflect on how I adapted to practising medicine in a different environment to that which I was trained. Recognise my strengths and weaknesses and how these can be improved.

My time in Saudi Arabia highlighted my strengths in communication as I was put into situations where the patient and I did not share the same language. This re enforced the importance of body language and non-verbal communication techniques in order to get by. One of my weaknesses that was highlighted during my experience was my lack of knowledge of tropical and communicable disease and this is something I would like to improve by doing further reading.