GASTRO

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Elective 2012

Gastroenterology

Salt Lake City, Utah, USA

1) ***What are the main causes of liver cirrhosis in London and Salt Lake City, as well as the UK and USA as a whole?***
Understand the reasons behind any differences.

The causes of liver cirrhosis in both London and Salt Lake City are similar and reflect that of the UK and USA as a whole. The general trend in both countries seems to be in tandem with the aetiology of cirrhosis in the western world, as the main causes are alcoholism and hepatitis C infection.

However one significant difference between London and Salt Lake City is that alcoholism is less prevalent in Salt Lake City, accounting for fewer cases of liver cirrhosis. Another slight difference in epidemiology is that alcoholism appears to be the leading cause of cirrhosis in the UK, whereas hepatitis C is the number one cause of cirrhosis in the USA.Non-alcoholic fatty liver disease (NAFLD) is also a significant cause of liver cirrhosis in both countries, however it is more prevalent in the USA. Around one third of the American population suffer from NAFLD, whilst a large number of the population are obese, diabetic or have hypertriglyceridemia, all of which are risk factors of NAFLD.

Salt Lake City has a much lower prevalence of alcohol induced cirrhosis than London, as well as the rest of the USA mainly because it is heavily populated with Mormons. They have many strict beliefs and opinions, one of which prohibits the consumption of alcohol and drugs. Therefore the state of Utah has different laws and regulation over alcohol such as enforcing bars and pubs to stop selling alcohol at an earlier time compared to other states. Utah also limits the alcohol content in the beer they sell to half the normal content.

On the other hand, the drinking culture in the rest of the USA issimilar to that of the UK. In both England and America, most people have adopted a binge drinking pattern and consume large amounts of alcohol on a single occasion. However the leading cause of cirrhosis in America is not alcoholism, unlike England. This might be because in USA, the legal drinking age is twenty one, three years older than age eighteen in England.

Having stayed in the USA for seven weeks myself, it comes as no surprise that a major cause of cirrhosis is NAFLD. Their cultural habits and behaviour with regard to their diet is very different to the UK. They eat a lot of fast food because it is cheap and saves time in their busy lives, such as hamburgers fries and doughnuts, all of which contain very high fat contents.

Furthermore, the portion sizes of fast food restaurants in the USA are a lot bigger than the portions of food served in similar restaurants in the UK, for example a medium size meal in Salt Lake City was bigger than a large meal in the UK. This contributes to the fact that obesity rates are the highest in the USA compared to rest of the world and explains the reason why NAFLD is so common in America.

2) ***Compare and contrast the health system in USA to NHS and discuss any advantages and disadvantages.***
Compare the management of a gastroenterology patient in USA and UK

The healthcare system in America is dominated by private healthcare and is funded by medical insurance companies. Consequently patients must pay premiums to their insurance company which is used to fund their medical care as and when they require it, thus there are no free medical services available to them. As this can be quite expensive, a large number of the American population cannot afford medical insurance and therefore left without any healthcare.
On the other hand the National Health Service (NHS) in England is funded publicly via taxes. Private medical care does exist in the UK also, but the majority of the population fall under the public healthcare system. Therefore in the UK, the NHS provides a large range of medical services to the public which are mostly free to those who are residents of this country.

There are many advantages the NHS has over the American health care system. The main advantage of the NHS is the entire population of the UK is covered for medical care, and nobody is left without any healthcare like in the USA. Furthermore the NHS promotes preventative medicine to improve the nation's overall health, as well as ensuring that children and elderly patients receive the highest quality of medical care; whereas the in the USA preventative medicine is not a frequent practise and many adults must continue to work after they retire in order to be able to afford their healthcare cover.

The NHS has its disadvantages too as the system allows patients to abuse the services provided, such as patients seeking regular medical attention when they do not actually require it. Another disadvantage is the changing ratio of working people to retired elderly people. An increasing ageing population requires greater funds from the NHS, which is shared amongst a lower percentage of working adults, thus taxes for NHS funding may increase.

Although in general the management of patients with gastroenterological conditions in both the UK and USA were very similar with regard to the guidelines followed and the medications and therapies used, I did notice some differences in the way patients were managed in the gastro department I was attached to, at the University Hospital of Utah. I got the impression that medical care in the USA was largely influenced by tests and investigations since the costs of these were covered by the patient's medical insurance. Most of the patients with

gastroenterological conditions were getting further investigations such as endoscopy or colonoscopy more frequently, compared to similar patients in the UK.

3) ***Strengthen own knowledge in investigations, diagnosis and management of a good range of gastroenterology conditions.***

I feel I learned a lot on this elective about a variety of gastroenterological conditions which is ideal since gastro is one of my foundation year one rotations. I did this by implementing some of the methods introduced to us in final year on the AMC and SAPOC modules such as following patients from their admission to discharge and keeping shadow notes.

When a new patient was admitted to the ward, I would gain a full history and examine them with their consent. I would then follow my team on ward rounds and keep shadow notes of each patient I clerked, recording the plan of management. I would also keep shadow drug charts for each patient. This enabled me to get more familiar with the management of a number of gastro conditions.

I kept a record of each of my patient's bedside investigation results, such as stool sample and blood test results, in order to further build the clinical picture and strengthen my skills in data interpretation. For patients who gave me consent, I accompanied them and therefore witnessed a variety of tests such as endoscopy, colonoscopy, ERCP and abdominal/ rectal ultrasound. Being familiar with each patient's background history and presenting complaints before watching their investigation, significantly improved my understanding and knowledge.

Once I was more confident, after clerking each new patient, I would formulate my own differential diagnosis and plan of management, including the investigations and medications I felt were appropriate for that patient. I would then present this to one of the doctors on my team and get constructive feedback on my plan. I found these methods very helpful in my learning during the elective period, as they were during the other modules in final year.

4) ***Further enhance and practice communication skills by talking to patients in a new country from different cultural backgrounds.***
Explore career in gastroenterology.

I was attached to the University of Utah Hospital in Salt Lake City, which inhabits the largest population of Mormons in the whole of USA. Before going to Utah, I did not know much about Mormons and their practises orbeliefs. Therefore soon after my arrival to Salt Lake City I familiarised myself with their culture before I spoke to patients in the hospital. I did this by asking the doctors in my team and by doing my own reading online.

I learned a lot about the Mormon culture and beliefs as well as their views on certain medical issues. I found out Mormons were completely against the consumption of alcohol, tobacco and illegal drugs. Although Mormons accept homosexuality, homosexual relations are not accepted and are regarded as sinful behaviour. With respect to their medical beliefs, Mormons are totally against abortions, euthanasia and certain methods of infertility treatment.

I am glad I familiarised myself of their beliefs and cultural behaviour because I had to take all of this into consideration when clerking a patient from a Mormon background. Knowing this information enabled me to be more sensitive during certain issues of the medical history, such as when asking them about smoking, alcohol and drugs. I also had tochoose my words carefully when asking Mormon patients about their sexuality and sexual practises. On reflection I feel I managed to deal with these issues well by clearly sign posting to the patient what I was going to discuss whilst also stating that I understood their beliefs. This taught me that it is important to be aware of a variety of different cultural backgrounds when working as a doctor as it can be very easy to offend patients. However, knowing about one's beliefs can help strengthen the doctor patient relationship.

In general I found American people were very friendly and easy to talk to. I was able to get on well with all the patients I spoke to during my elective and developed very good rapport. Most patients seemed comfortable to talk to me, which I feel encouraged them to reveal their personal social issues.

Having done my elective in gastroenterology I feel like it is a career option I would like to keep open. I find it interesting as there are a wide variety of medical conditions and the successful management of these conditions can have a huge positive impact on patients' lives. Gastro will be one of my rotations as an FY1 which will further enable me to seriously consider a future career in this speciality of medicine.

Word Count 1,622

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