

**Elective Report- Year 5 MBBS  
Queen Mary Hospital, Hong Kong  
6.5.2013 – 7.6.2013**

**Objectives:**

- 1.) How does the health care system run in Hong Kong? How does it differ from the United Kingdom?
- 2.) Describe the epidemiology of infections and diseases in Hong Kong. How do they differ from the United Kingdom?
- 3.) Compare the patient-doctor relationship between Hong Kong and United Kingdom. Explore the difference in the way of patients' presenting complaints between HK and UK.
- 4.) Learn to perform history taking and physical examination using Cantonese. To explore and experience how a multi-disciplinary team works as a unit in HK.

**Introduction**

Between 6<sup>th</sup> May and 7<sup>th</sup> June 2013, I spent my five weeks doing elective at the Department of Medicine in Queen Mary Hospital, Hong Kong, under Professor Chim. Hong Kong is situated on China's south coast. It is one of the two Special Administrative Regions of the People's Republic of China. There are only two Medical Schools in Hong Kong. Queen Mary Hospital is the main University teaching hospital of The University of Hong Kong. The 5-week clinical attachment experience in this hospital was rich and enjoyable. During my elective, I saw a variety of medical cases and saw the differences and similarities between a modern Asian health care system and that of the United Kingdom. I followed the local final year Medical students, attended their teachings, PBLs and case discussion sessions. I was also being allocated to a female medical ward where I had chance to join Professor Chim's ward round every week, and to clerk and examine patients using Cantonese.

**1.) How does the health care system run in Hong Kong? How does it differ from the United Kingdom?**

Hong Kong is one of the most well developed and prosperous cities in China. It has high standards of medical practice with well-developed health care and medical system comparable to some major European cities. With a population of seven million people and a land mass of just 1,104km<sup>2</sup> (426sq mi), Hong Kong is one of the most densely populated areas in the world. Such high population density has put a considerable demand in medical resources. In addition to this, with the well-known high standard doctors along with the latest and most state-of-the-art medical equipment, some people would travel the distance from China to Hong Kong for medical consultations and treatments. Hence, hospital beds and outpatient appointments are in high demand. Statistics showed that at end December 2011, the medical practitioners-population ratio in HK was 1.8 per thousand population, compared with Britain which was 2.8 [1]. Each Hong Kong medical practitioner generally has to deal with more patients not only because of such ratio but also because of their longer working and on-call hours. Under the UK healthcare system, doctors' on-call shift is generally not more than 14 hours, whereas in HK, on-call shift can vary between 24-36 hours. The standard weekly working hours for UK doctors are 49 hours but in HK, working hours can vary between 60-90 hours.

Both public and private hospitals are available in Hong Kong, and there're also polyclinics that offer primary care services. Because of the original Chinese culture, western and Chinese medicine services are both very common. The Hospital Authority and Department of Health deliver public health services in Hong Kong. They offer cheap affordable medical service with international standard. There are thirty-eight public hospitals and twelve private hospitals. Compared with the UK National Health Service (NHS), England's publicly funded healthcare system which is free of charge for all UK permanent residents at the point of need (as being paid for from general taxation), HK healthcare system runs in a slightly different way such that it is not free of charge. However, charges may be waived if patients cannot afford them in HK hospital.

There is also a difference between HK and UK primary care system. In HK, there is less emphasis on public family medicine (general practice), whereas in the UK, general practice plays a significant role in primary care. This leads to an increased burden in A&E and hospital outpatient appointments in HK where doctors have to deal with chronic illnesses and minor problems in hospital instead of in the community.

## **2.) Describe the epidemiology of infections and diseases in Hong Kong. How do they differ from the United Kingdom?**

The infectious diseases commonly seen at the hospital in Hong Kong include tuberculosis and hepatitis. In 2011, the top three most commonly reported infectious diseases in Hong Kong were Chickenpox, Tuberculosis and Scarlet fever <sup>[2]</sup>. In the United Kingdom, Mumps, Whooping cough and Measles are still very common infectious diseases with high incidence. Dengue fever is never seen in UK, but there were 30 cases seen in Hong Kong in 2011. <sup>[2][3]</sup>

Having attached at Queen Mary hospital, I had a chance to share and exchange medical training experiences with the local HK medical students and doctors. Through attending teaching sessions and ward rounds, I am aware of some differences of the diseases epidemiology in Hong Kong. For example, hepatitis infection is the most common cause of chronic liver disease in Hong Kong, whereas in the UK, alcoholism is the leading cause. For bronchiectasis, a large proportion of cases in Hong Kong are idiopathic. In the UK, cystic fibrosis plays a very important role. Sickle cell disease cases are almost never seen in HK but are quite common in the UK due to ethnicity differences. Inflammatory bowel diseases used to be quite rare in HK, but have gradually increased in incidence over the past decades.

## **3.) Compare the patient-doctor relationship between Hong Kong and United Kingdom. Explore the difference in the way of patients' presenting complaints between HK and UK.**

In Hong Kong, each doctor has to deal with relatively higher number of patients compared to doctors in UK. The wards are usually more crowded with many beds and patients. Long working hours in HK have further increased the burden among doctors, raising their stress levels both physically and mentally. Because of the limitation with time to deal with large amount of patients and large workload, doctors generally have less time communicating with each patient. In addition, due to cultural differences, compared with westerners, Chinese patients are more passive when communicating with doctors and in making treatment decisions; hence have led to more of a doctor-centered care rather than western patient-centered style of care.



In Hong Kong, 95% population is ethnic Chinese group. Majority of them speak in Cantonese, and some speak in Mandarin. Because of a completely different language compared to the UK, patients describe their illnesses very differently. I found it fairly challenging when trying to understand the colloquial when I clerked patients using Cantonese. Nevertheless, it was a good practice for me, because in long-term future, I would like to work in Chinese community or Asian countries. This was a good time for me to start practicing my Cantonese history takings.

#### **4.) Learn to perform history taking and physical examination using Cantonese. To explore and experience how a multi-disciplinary team works as a unit in HK.**

Throughout my elective, I was being allocated to a female medical ward, which is comprised of 40 beds. I had chance to practice clerking patients and performing physical examination using Cantonese, and discussed the cases and clinical findings with my group mates, who are the local HK Medical students. Apart from the female ward, I always followed my group mates to many other wards to see interesting cases. Since Queen Mary Hospital is a tertiary referral centre for the whole territory of Hong Kong, I encountered many relatively rare and complicated cases such as dermatomyositis, systemic lupus erythematosus complicated with steroid-induced psychosis, myasthenia gravis presented with myasthenic crisis, and dilated cardiomyopathy with end-stage cardiac failure requiring heart transplantation etc.

The multidisciplinary team in the HK hospital is very similar to the UK's. Usually in a ward round, there are lead consultant/professor, physicians, nurses, pharmacists and medical students. There're also physiotherapists, phlebotomists, occupational therapists and dieticians in the ward. In London, there are usually less than three medical students joining each ward round, but in Hong Kong, the culture is slightly different. Every week there are specific days when students are allowed to join the specialty ward rounds such as rheumatology, endocrine, gastroenterology, dermatology etc, and the professor would do teaching ward rounds. Sometimes up to 20 students would join the same ward round and squeeze in the narrow ward corridor. It was an unforgettable experience.

#### **Summary**

Hong Kong is a prosperous and vibrant city. Queen Mary hospital is very modern with advanced medical technology and intelligent doctors. The best bits that I enjoyed throughout this 5-weeks clinical attachment were the high standard teachings and tutorials that I received. I was also able to meet many final year Medical students, and I really enjoyed the time learning with them. They are such an intelligent group who are very keen and hard working. They are also very friendly and helpful, and I felt integrated into the group. The intense teachings have given me a great chance to consolidate my medical knowledge in preparation of becoming a safe responsible doctor in 3 months time.

#### **References**

- [1] Hong Kong Fact Sheets- Public Health.
- [2] Statistics on communicable diseases, Centre for Health Protection, Department of Health. Available at: <http://www.chp.gov.hk/en/data/1/10/26/43/455.html>
- [3] Public Health England. Available at: [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317139088913](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317139088913)