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Whilst planning my elective, I managed to distil my aims down to three fundamental themes: immersion in neurosurgery; exposure to a different health system; and the exploration of Israel. With my feet back on English soil I have come to realise how insightful my elective was and the privilege I was granted in being able to undertake it.

Excitement aside, my arrival in Ben Gurion airport was shrouded in apprehension. I was to spend four weeks in neurosurgical unit of the world-renowned Hadassah Medical Centre, equipped with little more than a guidebook and an undergraduate grasp of neuro-anatomy. Fortunately, my first few days in Jerusalem were some of acclimatization allowing me to settle in before the placement-proper began. From my hostel in Davidka Square I ventured out, only to be overwhelmed by the vivacity and variety the city had to offer. I passed from the westernised new city under Jaffa Gate, to be greeted by the rich tangle of streets and alleyways which make up the old city. The Via Dolorosa, Holy Sepulchre, Damascus Gate... The venerable renown of these timeless places seemed so at odds with the modern-day souvenir stalls and falafel stands. I arrived at the Western Wall plaza just as the city prepared to welcome Shabbat, and was in awe at the holy fervour which built as the sun set. Jerusalem, in all her antiquity and modernity, was like no place I had ever seen, and I was fascinated.

My first impressions of Hadassah Ein Kerem were dominated by the site's enormity. The gleaming building, equipped with its own shopping mall, was somewhat dissimilar to the worn-down buildings of my own university hospital. The open-plan reception hall would seem more at home in a museum than a health centre, though given the organisation's historic status, and its stunning Synagogue, perhaps this was only appropriate. I was taken to the crisp neurosurgical ward on the hospital's top floor and introduced to Professor Shoshan, the unit's director. Two things became immediately apparent: the team was extremely welcoming, and extremely busy.

At the morning residents meeting I met the ten-or-so neurosurgical residents who I would get to know over the coming month. The group were not dissimilar to the NHS registrars I have met (not least in work ethic and dark humour), yet they were far more varied in background. Many residents had come Israel specially to train, having started their medical careers in South America, whilst others had entered medicine having completed their national service in Israel. Such diversity extended to the consultant body, with one surgeon coming from London, and several others from North America. Understandably, Hebrew was the lingua franca in this assorted group, but the team never-the-less slipped effortlessly into English whenever they noted my presence. It was fascinating to hear the stories of these doctors, many of whom had made significant sacrifices to come and benefit from training at Hadassah.

I spent much of my time in the operating theatre, not only because surgery is something of a universal language, but also because of the sheer variety of procedures taking place. I finally had the opportunity to observe many of the textbook pathologies and procedures I had only ever had chance to read about: the trans-sphenoidal excision of a pituitary macroadenoma; excision of a para-sagittal meningioma; the removal of a cerebello-pontine angle tumour... I also benefitted from observing more esoteric procedures performed by the skull base surgeon, Professor Spektor. As I watched this surgeon make his carefully calculated approach, revealing intricate anatomy layer by layer, I was left in little doubt that I wanted to be a neurosurgeon. I will not soon forget my first glimpse of brainstem as the surgeon approached a deep lying cyst; nor will I forget the guttural apprehension I experienced when watching him painstakingly separate a tumour from a patient's optic nerve. To say that my experience of Hadassah operating theatres was inspirational would be insufficient; it was motivational.

As well as observing procedures, I had the privilege of assisting in several surgeries. Most of these were spinal laminectomies, and I relished the physicality of such surgery. I was also invited to scrub for the insertion of an external ventricular drain, a common-place trainee-level procedure. During this operation I was able to make my first skin incision and operate the skull drill. Whilst very straight-forward, completing these small tasks whetted my appetite for surgery in a way previously unknown.

When not in theatre, I would join rounds on the ward or in neuro-Intensive Care Unit (ICU). I found the ICU rounds particularly useful as it demonstrated the non-operative aspect of neurosurgery, namely managing pathologies such as subarachnoid haemorrhage, as well as showing me the significant impact that neurosurgery can have on patients. By watching residents, I came to better understand how to evaluate the neurological status of unconscious patients, and enjoyed the evidence-based discussions led by the neuro-intensivist.

Whilst the above accounted for most of my clinical time, over the four weeks I was exposed to other aspects of neurosurgical care on a less regular basis. I enjoyed the weekly neurosurgical unit meeting at which residents

presented interesting cases from the week, as well as the neuroradiology multidisciplinary team (MDT), during which particularly tricky cases were discussed with radiologists. One afternoon I accompanied a biopsy sample to the pathology lab and had some impromptu teaching on CNS lymphoma, whilst another afternoon I went to the interventional radiology suite to watch the coiling of a subarachnoid aneurysm. These experiences were also valuable, and fleshed out my understanding of service's work.

Within a week I felt at home in Hadassah. I had familiarised myself with the mundane (working the scrub dispenser, negotiating bus routes...), and had become very accustomed to the fantastic lunches served in the hospital canteen. I also came to understand a little more about the hospital's organisation. Elective patients being treated under compulsory health insurance would be operated upon in the morning, whilst private patients were taken to theatre after lunch. I learned with interest that residents assisting in the afternoon received an extra pay packet, an arrangement which surely would be welcomed by NHS trainees! The compulsory and accessible nature of health insurance in Israel also meant that the patient profile was varied; on several occasions the patient had been transferred from smaller hospitals in the Palestinian territories, the smaller hospital not being equipped to manage that particular pathology. This diversity of patients, as well as of staff, was a welcome balance to the picture of Israel often painted in the media.

Becoming more comfortable with the weekly routine meant that I had energy at the weekends to explore some of Israel. I ventured to Masada for sunrise, as well as to Ein Bokek to benefit from the salty water of the Dead Sea. I managed to explore some of Galilee, and visit the cities of Ramallah and Bethlehem. I remain astounded at the geographical and cultural variety offered by Israel, and most certainly hope to return in the near future.

Whilst I was disappointed when the placement ended, I was, and am, aware of just how much I have gained from it. I now have a much clearer idea of what day-to-day life in neurosurgery is like, as well as just how intense and immensely rewarding a career in this field could be. I have seen how Hadassah provides high-quality care to those in need, regardless of ethnicity or politics, and how the Israeli system of health insurance does seem to deliver to all members of society. I have been inspired by the commitment of neurosurgical trainees, as well as by the skill of their mentors, and remain stunned by the diverse beauty of what is simultaneously an ancient and very young country.

I am immensely grateful to the Jewish Medical Association who, through their generous gift, supported me in undertaking this most fruitful experience.

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