

## **Obstetrics and Gynaecology Department, Shaarei Zedek Medical Centre, Jerusalem**

I spent three weeks in Shaare Zedek Medical Centre in Jerusalem, Israel. Shaare Zedek is a large non-profit hospital situated in the centre of Jerusalem. It has catered to the needs of Jerusalem's uniquely diverse, multi-ethnic population from the day it opened, treating patients of every race, religion and nationality equally. The hospital has become recognized as a highly acclaimed medical provider throughout Israel and the broader medical community, due to its reputation for quality care and high academic standards. I was with the obstetric and gynecology department so I split my time between the labour ward, outpatient clinics and the fertility unit.

### **What are the prevalent obstetric and gynaecological conditions in a busy teaching hospital in Jerusalem compared to a busy teaching hospital in London?**

Overall, the disease pattern in Israel is very similar to the UK as both are first world countries. Some common conditions I came across included gestational diabetes, pregnancy –induced hypertension, miscarriage, fibroids, menorrhagia and subfertility. There is a large Ashkenazi Jewish population in Jerusalem and it is known that there is a higher prevalence of BRCA mutations in this ethnic group. As such there is a large BRCA centre which caters to this population. Given the increased risk, there is a big emphasis on genetic screening for women over 30 years of age and of Ashkenazi decent, to try and prevent breast and ovarian cancer developing. They run clinics twice a week where patients have the opportunity to see a geneticist, a gynae-oncologist and a genetic counsellor who advise women on the most appropriate course of action. This area of practice is very different from what I have seen in London where BRCA screening is only recommended to women who have a history of early-onset breast/ovarian cancer. This highlighted to me how different population demographics influence medical practice.

### **How are medical services organised and delivered in Jerusalem? How does this differ to the UK?**

All Israeli citizens are entitled to basic healthcare which is funded by health insurance tax that is different for all depending on one's income. Everyone has to join one of the four health insurance companies known as "kupot." These four companies are Clalit, Maccabi, Meuchedet and LKeumit. All the kupot are similar and offer the same benefits so people normally chose the one that's nearest to where they live. Joining a kupa entitles the member to hospital inpatient and outpatient care, dentistry for children, maternity services, fertility treatment and occupational, physical and speech therapy. There are optional opportunities to buy an upgraded package of healthcare which includes things such as adult dental care, but essential healthcare is provided to all citizens equally.

### **What are the most common obstetric complications in comparison to the UK?**

The most common obstetric complication I encountered was post-partum haemorrhage. The hospital is situated in an area with a large ultra-orthodox population and it is not uncommon for women to have seven or more children. As a result of this grand multiparity, issues such as abnormal placentation (due to previous Caesarean section), uterine atony and uterine rupture are the most common obstetric complications. In the UK post-partum haemorrhage is also a common complication but this is more due to the increasingly high numbers of Caesarean sections performed as opposed to a grand-multiparous population.

### **How has this experience further shaped my view on a career in Obstetrics and Gynaecology?**

The highlight of my elective was spending time in the fertility unit. As a student I have had very limited clinical exposure to this area of medicine and so was very pleased for the opportunity to gain some experience in this fascinating area. The unit is renowned for its advanced techniques and the staff are from all over the world, with many doctors originally from Canada and the US. In the laboratory, I saw pre-implantation genetic diagnosis, in-vitro fertilisation, intra-cytoplasmic spermatic injection and in-vitro maturation. I also spent time in the clinics talking to patients. Overall, I am definitely keen on pursuing a career in women's health, and at the moment a career in reproductive health, is something I am definitely aspiring towards; and I thoroughly enjoyed and gained from the time I spent in Shaare Zedek. All the staff were really friendly and very willing to teach and let me be involved and I hope to stay in touch with some of the people I met.

**Gabriella Maurer**