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Reflections on my Elective

Healthcare in a Religious State - the Role of Judaism in Attitudes Towards Healthcare and Clinical Decision-making.

Having completed my intercalation in Bioethics, I was curious to develop my understanding of Jewish medical ethics whilst I was abroad. The guiding principle in Judaism's attitude to medical and health care is that the saving of life is paramount. As such, any and all necessary steps should be taken to give 'g-d' all of the tools available to save that person's life. This includes blood transfusions or the injection of non-kosher products - particularly in the case of life-threatening conditions in the Emergency Department. I learnt that all medical treatment designed to avert the threat to life should be carried out without question and delay. Moreover, post-mortem examinations are not permitted in Jewish law, except in exceptional circumstances.

This was interesting to me, as the healthcare I have studied places a greater importance on patient autonomy and dignity. Advance directives and decisions, as well as Do Not Resuscitate Orders are commonplace in the NHS: quality of life being the guiding principle. This is perhaps representative of the Western ideal of the patient being the proprietor of their own life, where in Judaism patients are to consider their life as being *not theirs to give away*.

This experience has encouraged me to look beyond traditional Western principles of healthcare. I must note that this reflection does not account for other religions or ethnicities: particularly the Arab population in Israel.

I wonder how to tackle the problem of decision-making with and for patients of different faiths and/or ethnicities. For most of my cohort, including myself, this is an unfamiliar challenge. Indeed, there is a pressure to act in an ethically 'secular' way. One only needs to look so far as statutory law, where secular medical ethics and thus health care regulations are now incorporated – see the precedent set by *Montgomery v Lanarkshire* or *Bolam v Friern*. It seems a balancing act in clinical practice to respect these principles and act within the limitations of the law.

the past, I have taken the time to discuss this at depth with patients, given my own ethnicity and cultural background. In the future, however, I am aware that I will not have the time afforded to me as a medical student. Nonetheless, I would like to make sure that I take the time to understand other cultures and religions, in order to respect that patient's wishes and thus respect secular ethical principles in doing so.

Writing a Literature Review on an Unfamiliar Concept: Medical Marijuana and Quality of Life in Chronic Regional Pain Syndrome

I am familiar with writing literature reviews; however, this was a new experience to me as it was undertaken on an unfamiliar concept. Previously, I had picked the topic or project I wanted to work on. This experience was exciting for me as I find this field incredibly interesting, and it presents an opportunity I wouldn't have been afforded in the UK. Therefore, being asked to gain a high level of understanding in self-directed work was a challenge, but one that I felt ready to take on.

I felt that I did well in developing my skills in 'reading papers'. I was able to pick out pertinent points in my research, such as: the level of evidence and the identification of the specific questions being asked and their scientific approach. Most importantly, I developed my summative skills, practicing summarising the background in five sentences. What didn't go so well was my time management: I felt having been given a month to complete the review I wasn't as quick to start as I would have liked.

In the wider context, this research was important in developing my knowledge of 'alternative medicines'. I hope to enter a career in psychiatry, thus the opportunity to work with a leading Israeli psychiatrist, who set up the biggest medical marijuana clinic in Israel, was fascinating. Beyond this, I also developed a greater understanding of chronic pain syndromes and the challenges these present to healthcare workers. I learnt that it is difficult to unpick symptoms with a pathophysiological cause versus those generated from a mental health standpoint. It is essential to actively listen to the patient and make sure they feel heard in what they are experiencing, whether or not it is a somatic symptom or not.

In the future, I hope to work to create safe spaces for my patients, as I have recognised that sometimes all they need is for somebody to listen, rather than actively plan for them.

Learning a new Language – Hebrew

I have some background in the language, having grown up attending a Sunday school, where I learnt the alphabet and some basic words. I am also relatively familiar with the culture in Israel, as I have family and friends there, whom I visit regularly. Nonetheless, I did not know enough to have any form of conversation.

I began my elective by spending August attending Ulpan, which is a national Hebrew language programme for olim (new immigrants), run in Israel. It is an institute for the intensive study of Hebrew. This allowed me to develop a stronger base in the language. I learnt how to say where I'm from, what my name is, how to order in a restaurant, ask for directions and more. Starting in the hospital in September, this was invaluable, as the Emergency Department was of course run in Hebrew. Here, I learnt more medical terms, such as דקות ולכך דמץ. Dakot means pulse and l'chatz dam means blood pressure.

I felt that I learnt a lot of vocabulary and sentence structure in my studies and that this went well. I was pleased that I tried to practice what I had learnt. In making this effort, I was also able to make some more friends, which was great. However, I felt that I didn't get to the level of fluency I had hoped to during this trip. In part, this is because Israelis in Tel Aviv mostly speak English to a high, if not fluent level. This meant that most people wanted to practice their English with me, rather than speak in Hebrew!

In the wider context, learning a new language has encouraged me to engage with a different culture. I believe that this has been beneficial for my medical career, as I am able to communicate in a different language. Moreover, I have exercised the skill of curiosity and learnt the value of getting stuck-in.

In the future, I would like to continue learning Hebrew: I plan on doing so with the local synagogue in Bristol.

Experiencing Living in the Middle East and Health Behaviours I Have Noticed

I was interested to find that the leading cause of death in Israel, amongst both men and women, is cancer. In comparison, the leading cause of death in England in 2022 was dementia, whereas in Wales, the leading cause was ischaemic heart disease. I was curious why, as both areas are developed and provide excellent healthcare services.

I hypothesised that this difference may be due to differing health behaviours. For example, the grand public health campaigns in England and Wales encouraging people to stop smoking, do not have a comparable campaign in Israel. Indeed, I noted a large proportion of the population smoked heavily, which they put down to 'living in a tense place'! Furthermore, I noticed that the diet differed a lot in the Middle East. Street food is falafel and sabich, meal deals pedalling unhealthy snacks are not present, and most people eat a fairly Mediterranean diet.

Whilst I don't have the answers to these factors I noticed, I was pleased to have engaged with conversations with locals about their lifestyles. I felt I did well at comparing these lifestyles to the British ones and noting habits on both sides of the spectrum that align with a 'healthy' lifestyle: I thought about how to activate patients from different backgrounds.

In the wider context, it is important to consider the lifestyles of those from different ethnic or cultural backgrounds and how you might best support them as a healthcare worker. Taking the time to understand what is culturally important – as food is integral to the Middle Eastern experience – allows you to identify points of change.

In the future, I hope to enact this lesson in consultations with patients.

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