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Renal Association Medical Elective Bursary 2019 Report  
Hawke's Bay Fallen Soldiers' Memorial Hospital, New Zealand  
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I would like to begin by thanking The Renal Association for the bursary that I was awarded as it was instrumental in allowing me to complete a four week nephrology placement at Hawke's Bay Fallen Soldiers' Memorial Hospital, New Zealand.

During my medical degree I had not yet had the opportunity to undertake a renal medicine placement and so I was keen to do so for my elective. I was eager to put my book based nephrology knowledge into practise and chose New Zealand as I have always wanted to visit, and the vast landscape and friendliness of the New Zealanders did not disappoint. I also chose a similar healthcare system with comparable resource allocation to the NHS in order to make my learning experience directly applicable to working in the UK.

Hawke's Bay hospital is a District General Hospital serving the 165,610 population of Hawke's Bay<sup>1</sup>. The hospital boasts a new integrated renal outpatient service department containing clinic rooms, home dialysis training rooms, offices for dieticians and the kidney transplant team as well as the dialysis unit. The hospital does not have renal transplant services and so for patients who receive a kidney they need to make the 4 hour car journey or short plane ride down to Wellington. With the new integrated renal services offered at Hawke's Bay it was easy to see how the roles of every member of the multidisciplinary team interacted to provide cohesive patient care, particularly important for those spending up to 12 hours a week on dialysis. I noted the emphasis put on social care for many of these patients, due to some having physical and economic limitations which needed to be catered for.

Throughout the placement I alternated between joining ward rounds and attending a variety of clinics: dialysis, post-transplant and renal. I improved my note taking and examinations, particularly of fluid under- and overloaded patients, on ward rounds and enjoyed learning about the different presentations and manifestations of renal disease. Final year medical students were fully integrated into the renal team and expected to complete jobs from ward rounds and I enjoyed this increased responsibility. I was encouraged to attend weekly teaching for the medical students and junior doctors as well as weekly histology video-call meetings with Wellington to discuss renal biopsies, a chance to put all my histopathology teaching into practise! For one patient with suspected transplant rejection I was present for the initial review on admission, the renal biopsy as well as the biopsy meeting and it was so helpful to see the full circle of this process and follow the patient all the way through their hospital admission.

Diabetes is the most common cause of end stage renal disease worldwide and Hawke's Bay was no different. What was striking about the population of patients on dialysis in Hawke's Bay was that the Maori and Pacific Islander population was vastly overrepresented; 30% of the Hawke's Bay population are Maori and Pacific Islander<sup>1</sup>, however 70% of patients in the dialysis unit were Maori and Pacific Islander. When I asked the doctors about this they explained the socioeconomic disparity between the Caucasian and Maori population in New Zealand and that this would explain the higher rates of diabetic end stage renal failure. This stark socioeconomic inequality was challenging to come to terms with. In addition the indigenous population tend to hold less trust in the hospital healthcare system and so there is less compliance with treatment. Measures have been taken to tackle these social issues, such as a Maori healthcare service that works within the hospital to ensure better health outcomes for the indigenous population. In the renal outpatient clinics I learnt the importance of respecting cultural sensitivities within medicine and key communication skills that will translate directly across to my work within the NHS and the multicultural society of the UK.

Diabetes predominated a lot of renal pathology, and it was good to get a firm grip on its treatment and progression. Despite this I was surprised to see so many other medical conditions with kidney involvement such as the glomerulonephritides, multiple myeloma and amyloidosis. A key learning point from all of these diseases was the complications that arise from chronic kidney failure, be it symptoms of uremia, anaemia or pulmonary oedema, and I now know what to look out for and its management. I quickly realised that nephrology encompassed so many different areas of medicine, with clear overlaps with cardiology, endocrinology, rheumatology and palliative care.

I appreciated the long-term nature of renal medicine, the rapport and relationship built up between the staff and the patients. Speaking to patients in the dialysis unit gave me a real insight into how dialysis impacts the lives of individuals relying on it as life-saving treatment. Though haemodialysis can be used as a bridging treatment whilst kidneys are failing on an acute admission or as a bridge to transplant, I did notice that there were elements of palliative care in renal medicine, particularly those with end stage renal failure. One of the standout moments of the placement for me was a discussion that the consultant had with a patient on haemodialysis who was in a significant amount of pain due to several fractured osteoporotic vertebrae and had suspected lung cancer. The patient was quite clear that it was all becoming a bit too much for her and that she wanted to stop her haemodialysis. It was so informative, as well as emotive, to watch the process behind patient choice in end of life when on dialysis.

The month I spent in the renal department of Hawke's Bay hospital was both enjoyable and rewarding. In this placement I learnt how the different body systems interacted to show manifestations of both acute and chronic kidney disease, and how to piece together my knowledge to see the whole clinical picture. I also became more confident in assessing renal patients, examining fistulas and talking about end of life care. The renal team at Hawke's Bay were exceedingly welcoming; I felt very well supported and appreciated how much time that they dedicated to my teaching. Hawke's Bay was a beautiful, sunny corner of New Zealand, the renal team were incredibly inclusive and I could not have asked for more from my elective placement.

#### References

1) Ministry of Health, 2019. *Population of Hawke's Bay DHB*. [online] Available at: <https://www.health.govt.nz/new-zealand-health-system/my-dhb/hawkes-bay-dhb/population-hawkes-bay-dhb> [Accessed 28/09/19]