Elective report: otolaryngology — head and neck surgery, Miami, Florida, USA.

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Abstract
Doing my elective in America was extremely interesting and different. Miami is a fun, buzzing city with a great atmosphere and vibe. It is located an hour north of the beautiful Florida Keys, which is a famous archipelago only 90 miles from Cuba. The beach feel of the city is very relaxing while the nightlife is unquestionably humming. The ear, nose, and throat (ENT) procedures that I was lucky enough to be exposed to used some of the latest technology in the world. I am intrigued by new and innovative surgical procedures. The patients I met were from throughout Miami and from all walks of life. It was very interesting to meet many different people with various opinions on many things including the American health care system and current political situation. The American health care system is largely privately funded, creating a competitive environment where doctors must constantly stay updated with funding and procedures to stay afloat with their patients.

ENT is a rewarding specialty, and one that I would definitely consider as a potential career path. I feel privileged to have contacted and worked with the ENT doctor I was lucky enough to stumble upon, as he was a passionate and kind teacher. Not only did he teach me about the specialty, but he also helped me to gain confidence before graduating from medical school and entering the daunting house officer years. In conclusion, if you want the medical experience of a large and advanced yet still culturally diverse city, Miami is a desirable destination.

I chose to do this elective as I have an interest in pursuing ENT as a potential career path, and feel that I had limited exposure to ENT during my Advanced Learning in Medicine (ALM) years at Dunedin Hospital. I am also extremely interested in the functioning of the American health care system and wanted to experience it first-hand to understand the differences to New Zealand health care. I had never been to Miami, but heard that it was a warm and pleasant with a heavy Latin influence, which sounded a bit different and interesting.

Once I decided I wanted to do ENT in Miami, I started looking into options for attachments. I spoke with many American consultants at Dunedin Hospital and ENT physicians to see if any contacts might be helpful. None of these evolved into anything. I started to think it was going to be too difficult and looked into alternative options. I found Florida Associates on Google and thought I would try my luck emailing a couple of the doctors. One doctor got back to me within a couple of days saying he had had a medical student the previous year from Sweden and was very happy to have another. He thoroughly enjoys teaching and doesn’t have much opportunity to do so as he does not work in the hospitals. He works for South Florida ENT Associates, a group of 55 otolaryngologists who work privately in 42 locations within South Florida. It is Florida’s largest ENT group, specialising predominantly in facial plastics, otology, laryngology, and neuro-otology.

The doctor was extremely helpful prior to my arrival and was prompt with sending me the appropriate paperwork via email. We were in contact via Whatsapp where he explained what would be expected of me and even gave me some insight into how to organize accommodation, which was extremely helpful.

I spoke to the Dunedin elective supervisor, who explained that usually the best way to organise these electives is through a mutual contact with a doctor within New Zealand. This concerned me, however the Miami doctor was very efficient and enthusiastic to have me. I was confident my plans with him would not fall through. My main concern about going to America were the laws around medical students’ physical contact with patients, as I had been told that an elective experience in America would not be hands-on. The reason I decided to follow through with my plans was the fact that I had planned the second part of my elective with the volunteer programme the Floating Doctors, and knew this would be extremely hands-on and practical. I was determined to go to America and see the contrast of their health care with New Zealand and be able to knowledgeably compare them. My main exposure to ENT had been through my readings. Learning from a textbook can be challenging, and I wanted to use my elective to see medical conditions, procedures, and treatments I had not yet seen.

This elective was extremely beneficial for me. Having had very little exposure to ENT, I expanded both my knowledge in the field and also learnt an incredible amount about the health care system in the United States (US). Miami medicine was very advanced. I discovered the amount of research that occurs in the US, especially in regard to new interventions and diagnostic strategies. The system in America is profitable, therefore medical and drug companies have huge incentive to continuously search for better and more efficient procedures or treatments that doctors will be more likely to use. We saw drug and sales representatives most days: they would bring the doctor coffee and coupons, desperately trying to get him to use their company’s products. The insurance pay-outs to them are huge, which is why these companies stay afloat. Because of this, it appears that the US is far ahead of New Zealand in relation to medical progression. The procedures that I was able to observe were a lot more advanced than anything I had ever seen in New Zealand, and the technology was very impressive. For example, one of the new procedures I saw often in clinic was a treatment of chronic rhinitis called Clarifix, which is done under local anaesthetic. This uses cryotherapy to ablate posterior nasal tissue/nerves, stopping the signals for the turbinates to swell and produce mucus. This is a very basic, non-invasive, and effective procedure, but has not yet left the US.

Although America has many issues with its health care system, including insurance and deductibles, the service that patients receive includes some of the most advanced technology in the world. This is where the issues begin. Not all citizens are able to afford insurance,
and even if they can, many are still required to pay large deductibles in order to be seen or pick up their medications. The government does not offer much (compared to New Zealand) in the way of health care funding and this leads to huge inequity in healthcare. As well as this inequity, there is also the issue that arises from insurance pay-outs. Some doctors are encouraged to do unnecessary procedures or push patients towards procedures that may not be the best possible option for them. This is because insurance companies have different pay-outs for each procedure, which is not based on time, difficulty, or any other quantifiable factor. It is all quite political, competitive, and confusing. It has been noted that not all doctors necessarily act in the patient’s best interest, as short, easy procedures may pay out more than more time-consuming measures.

Learning about such a contrasting health care system added huge value to this placement and is something I will never forget. I feel the American health care system is something you can read about as much as you like, but will not get a full understanding of until you experience it first-hand. I am quite interested in economics and I am aware that the American health care system is not ideal, but at the same time a system like the one we have in NZ would not work for a country that size. Something needs to be done, but I am not sure what exactly, and I know it is a high topic of discussion, especially among doctors who work in the US and are aware of the inequity of health care.

The main limitations of my placement were the legal requirements and the fact I could not physically assist or have any tangible experience with patients. This was not an issue for me as I wanted primary exposure to the ENT specialty, and was not worried about actually doing things myself. I got good contact with many areas of ENT and managed to gauge that it is definitely a specialty I would consider for my future. I hope to do another ENT attachment in New Zealand as a house officer so that I can further expose myself to the specialty.

The doctor I was working with would have clinics in each office, and two days a week he would operate on elective cases. He did not do acute or on-call work as he worked fully in private. The clinics were great learning as he did many procedures in office including Clarifix, Aerin, and Latera: none of which were yet in New Zealand. Before each patient the doctor would run me through the patient’s history, and after we had seen them he would get me to explain what I would do next. He was very encouraging and helped me a lot with my knowledge. On operating days there would be a list, usually in a private surgical centre. I had never been into a private centre before and found these to be extremely efficient and pleasant working environments.

I have done very limited travel, having studied most of my life, and so wanted to use my elective to broaden my horizons. Miami is a very interesting city with many different cultures. A lot of Cubans have come across from Cuba and settled in Miami, starting a Latin American influence. Since then, many other people from Central America have come to Miami, and it is now a multi-cultural, buzzing city. It is extremely easy to get around with bus services and Uber ride share (which is very cheap). I thoroughly enjoyed my time in the city and hope to return one day.

I received no financial assistance for my elective, and funded it out of my own savings from summer work. There was absolutely no administration cost or any other cost involved with the placement itself. I got return flights to Los Angeles on Air New Zealand for $1250 NZD. I stayed in Airbnbs and switched accommodation three times during my six week placement. This suited me as I got to see three very different areas of Miami: Little Haiti, South Beach, and Little Havana. On average I paid between $30–40 NZD a night and stayed in shared living arrangements. I was very lucky in the fact that the doctor was happy to drive me to his clinics and surgeries. This was very ideal as he has numerous offices including in downtown Miami, Coral Way/Brickell, North Miami, Aventura, and Hallandale. All of these areas have very different patient demographics and dynamics. I feel very privileged to have gotten so much exposure to many different areas of Miami.

References


About the author

Natalie is a First Year House Officer currently working in Auckland City. She is an Otago University graduate and has a special interest in women’s health and health inequities.

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