

## Senior Elective in Anaesthetics and Intensive Care

Hospital Universitari General de Catalunya, Barcelona, Spain (2024)

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**Image 1:** Entrance to Hospital Universitari General de Catalunya

During my senior elective I had the privilege to join the anaesthetics and intensive care team in Hospital Universitari General de Catalunya, a private hospital in Barcelona. My time was split equally across the specialties, doing two weeks with the intensive care team, followed by two weeks with anaesthetics. This hospital served all medical and surgical specialties, allowing me to get involved in a range of cases and presentations.

I was first surprised to learn that in Spain ICU and Anaesthetics function as two very separate specialities, with doctors only specialising in one, meaning dual training is not an available option. Moreover, the speciality training operates similarly to the USA where after five years of medical school one spends one year as a junior doctor and then one joins a residency programme for the speciality of choice, which lasts four or five years depending on the speciality. Overall, the healthcare system has a similar set-up to the UK with access to free healthcare and 90% of hospitals in Spain being public and the rest private. However, it is different in the Autonomous region of Catalonia where approximately 50% of hospitals are private

and the rest are public, which is partly attributed to the wealth of this region. The result of this is health insurance being commonplace among Catalonians.

I undertook the entirety of this elective in Spanish, a language which I have learned and developed through school and extra-curricular activities. I had agreed with my supervisor prior to the elective that my language proficiency was sufficient for the placement. Spending time in a Spanish hospital was hugely beneficial to developing my Spanish but learning medical vocabulary and applying it to clinical scenarios was new for me. I was pleasantly surprised to find it was quick and easy to pick up as a lot of the terminology is of Latin origin, similar to that of medical English. The team was also very patient in my learning and were continuously ensuring I was involved in taking histories and examinations from patients. Despite the majority of words being very similar, there were examples of red herring translations which had misleading

**Image 2:** Spanish anaesthetic labels for common drugs



meanings.

Although the language of Catalan is widely spoken in Catalonia, this was never an issue as many of the doctors come from other regions of Spain or Spanish speaking countries, meaning Spanish was always the default language when speaking to patients regardless of my presence.

Spain is recognised as the world leader in organ donation rates, a pertinent challenge to the ICU team, and I felt privileged to be learning from experts in the field. I had the opportunity to observe cases involving organ donation and discuss them at depth with the critical care team. I learnt about many factors which enable Spain to be so successful in this. There are many identifiable reasons but

there are a few that were of particular interest:

- From a political perspective there has been long-term ongoing funding and commitment to supporting transplantation policies an opt-out system has been utilised which the UK has only recently adopted.
- There is a high amount of trust from the public in the transplantation system, attributed to the transparency of the process, leading to low levels of family refusal at the time of donation.
- Full reimbursement for any donation activity is made available so as to prevent any financial barriers.
- There is specialised training on communication skills, family consultation, consent, direct communication with the media, including educational programs for journalists, and round-the-clock availability for consultation.
- There is a three-tiered governing structure providing support at a national, regional, and hospital level. The hospital level includes a transplant coordinator with ICU training who is accredited with coordinating donation activity within the hospital.

My overall experience of this elective was overwhelmingly positive. I was consistently treated as an active member of the clinical team, taking histories, performing examinations and being involved in discussions around the management plan for the patient. In anaesthetics



**Image 3:**  
*Spanish intra-operative ventilator and monitor using inhaled anaesthetics.*

particularly I was always given the option to undertake airway manoeuvres, perform intubations, and ventilate patients where appropriate and across a variety of surgical specialties. I was interested to learn that inhaled anaesthetics was much more common for maintaining anaesthesia than intravenous Propofol, compared to the UK, providing the opportunity to learn about the importance of these differences.

In my spare time, I took the chance to explore Barcelona, learn about its unique history and architecture, and escape to the beautiful coastal region of Costa Brava. Barcelona as a city has a lot



to offer culturally and recreationally and this in conjunction with such an awarding elective was a hugely enriching experience. I give my thanks to WOSAT for awarding me the bursary that allowed me to undertake this opportunity.

**Image 4 + 5:**  
*Photos of the local scenery around Barcelona*

