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1 **ABSTRACT.**

2 I completed a surgical elective with the Department of Plastic and Reconstructive Surgery in Queen Mary
3 Hospital, Hong Kong Special Administrative Region (SAR), China. I was taught a great deal of surgical
4 knowledge by the team and was inspired as I witnessed the life-changing operations they performed. The
5 experience was professionally and culturally enriching and has cemented my desire to pursue surgery as a
6 career to improve the lives of my future patients. In this article, I will discuss how I secured this elective and my
7 personal experience during the elective. Additionally, I will briefly discuss some differences I observed between
8 the healthcare systems in Hong Kong and Ireland, including different scopes of surgical practice, residency
9 training, and also the similar challenges faced by both public healthcare systems.

10 **Key Words:** *hong kong, life experience, medical student, plastic surgery* (Source: MeSH-NLM).

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1 **The Experience:**

2

3 Hong Kong is a coastal city in Southern China and a former British colony, located nearly 10,000 kilometers
4 from my home country of Ireland. It's known by many names, including The Pearl of the Orient and Asia's Finest
5 City. For me, it presented an exceptional learning experience within the field of plastic and reconstructive
6 surgery, as I had the privilege of working with the esteemed team at Queen Mary Hospital, a prestigious
7 institution situated in this vibrant city. Although Cantonese is the primary language spoken in Hong Kong, the
8 doctors spoke fluent English, which benefited me as an English-speaking medical student.

9

10 Summer elective attachments offer students a fantastic opportunity to gain real-world exposure to specialties of
11 interest without the pressure of exams. Additionally, they demonstrate a student's organisational skills and early
12 interest in a specialty which are valuable assets in future interviews. International electives also facilitate
13 personal growth and cultural enrichment outside of the hospital. I would encourage all medical students to
14 complete an elective attachment.

15

16 As a child, my father often told me stories about the positive experiences he had as a patient at Queen Mary
17 Hospital. I yearned to work with the esteemed doctors there. As a penultimate-year medical student, I embraced
18 the opportunity to do so. I applied for the elective eight months in advance via the Hong Kong University (HKU)
19 website to allow time to organise the relevant documentation and paperwork.

20

21 Upon arrival, I immediately noticed differences between the healthcare systems in Hong Kong and Ireland. For
22 instance, the scope of plastic and reconstructive surgery in Hong Kong exceeded that in Ireland. While I
23 expected to learn about burn management, breast reconstruction, and skin excisions, I was surprised to see
24 that the plastic surgery team also performed head and neck procedures such as thyroidectomies and lymph
25 node dissections. This was impressive and spoke to the high quality of surgical training in Hong Kong. It ensured
26 that patients with complex oncologic and reconstructive needs received timely, comprehensive care, while also
27 minimising costs and logistical requirements of the surgery department.

28

29 To fully assimilate with the team, I attended all the early morning ward rounds, multidisciplinary team meetings,
30 journal clubs, procedural clinics (Ultrasounds, Fine-Needle Aspiration Cytology), and outpatients. Because I
31 showed a high level of interest and engagement, I was invited to teaching sessions with the HKU medical
32 students where I learned new knowledge such as how to describe and spot-diagnose CT-TAPs and the
33 procedural steps of Bilroth 1, 2, and Roux-en-Y gastric bypass surgeries. Upon conversing with the HKU
34 students, I was surprised to learn that the final-year students had no summer holidays after their 4th-year exams.
35 I wonder how my classmates in Ireland would react to this if implemented here. Such a change would likely face
36 significant resistance, as it would exacerbate student stress and potentially increase medical school drop-out
37 rates. However, this issue may be less pronounced in Asian countries, which often have more intense working
38 cultures compared to Western countries ⁽¹⁾.

39

40

1 The most memorable operation I witnessed was a 13-hour total laryngopharyngoesophagectomy, Thanks to
2 the broad scope and high standards of training, the surgical team excised the tumour and also performed the
3 pectoralis major flap for the hypopharyngeal reconstruction. This was a lifesaving and life-changing operation
4 for the patient and was breathtaking to watch. I was impressed and enthralled by the technical dexterity required
5 to perform this procedure as well as the effective team dynamics which allowed for smooth solving of problems
6 as they arose. It was a privilege for me to be involved (in a minor way) in this patient's care. I left the hospital at
7 11 pm that night, knowing that helping patients through surgery was my calling in life. (Figure 1).

8
9 The price of high-quality surgical care in Hong Kong is a gruelling training scheme. Through conversing with
10 "housemen" and interns, I was informed that 90–100-hour work weeks were routine ⁽²⁾. While the average
11 working hours of physicians in Ireland often exceeds the European Union's 2003 Working Time Directive ⁽³⁾ it
12 allows for time to relax and pursue other interests, thus maintaining physician longevity. However, the increased
13 intensity of surgical training in Hong Kong allows for faster career progression, which may be appealing to many
14 trainees. Additionally, the remuneration of doctors in Hong Kong often exceeds that in European countries which
15 is another benefit ⁽⁴⁾.

16
17 Amid the differences between the healthcare systems in Ireland and Hong Kong, I also noticed similarities.
18 Public medical services in Hong Kong are provided by the Hospital Authority, which functions similarly to the
19 Health Service Executive in Ireland, or the National Health Service in the United Kingdom. All of these public
20 systems are said to be overcrowded and underfunded, resulting in increasing numbers of patients and doctors
21 alike flocking to the private sector to work and receive care ^(5–7). I wonder if this trend can be reversed or is it an
22 inevitability for all governments who wish to provide a public health service?

23
24 In the evenings after work, I ate at local restaurants and food stalls dotted throughout Hong Kong. The Dim-
25 Sum was second to none. I will forever remember the "Char-Siu bao", "Har Gow", and "Lai Wong bao". Highly
26 recommended! As the population density in Hong Kong is almost 100 times that of Ireland, restaurants are
27 extremely busy, and I was often told to eat right beside other diners to maximise restaurant space efficiency.

28
29 Throughout the elective, I appreciated the differences and similarities between Hong Kong and Ireland. The
30 impactful cases I witnessed alongside the support I received from the surgical team strengthened my resolve
31 to become a surgeon. The teaching I received helped to cement my understanding of surgical pathologies and
32 treatments. Aristotle's timeless quote resonates with me, "Educating the mind without the heart is no education
33 at all." This encapsulates the essence of my surgical elective in Hong Kong, where not only did I gain knowledge
34 but also cultivated a deeper understanding of the human side of surgery.

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1 **FIGURES AND TABLES.**

2

3 **Figure 1.** An Exterior Photograph of the Entrance to Queen Mary Hospital taken at 11pm.

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