s.32 "Back to the roots"
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## To Poland - for a New ANDA MACBRIDE Lease of Life

Not a week goes by without yet another tale of woe from the NHS; be it another case of misdiagnosis, too-long a wait for vital treatment, another outbreak of MSRA or a report than another batch of superbly qualified and ready-for-action young doctors has failed to get the post they deserve and are contemplating emigration.

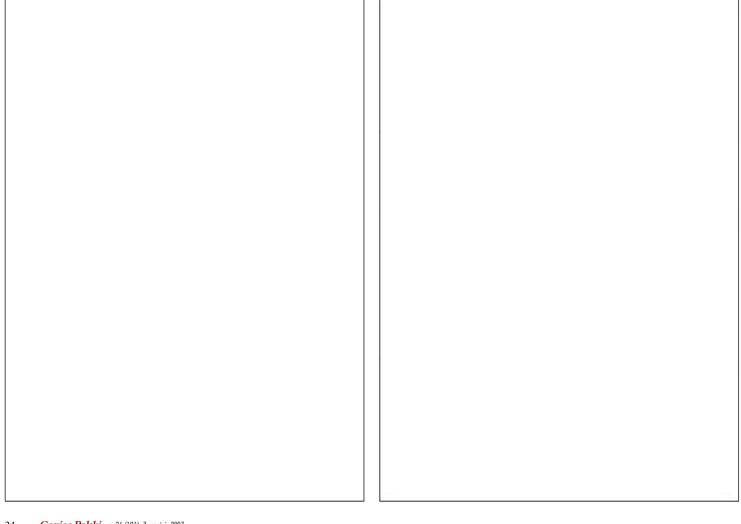
nd a year after reforms in the dental sector, it transpires that a quarter of all dental practices are struggling to fund dental treatments because of the shortfall caused by being obliged to rely on revenue from patient charges. The dental services provided by dentists are measured in units of dental activity (UDAs) but the Department of Health does not identify centrally the value of each UDA, nor does it has it set targets for the level of activity, hourly or otherwise, that a dentist is expected to achieve. Local contracts, agreed between primary care trusts and dental providers, specify the level of services to be provided over a period.

Under the pressure of market forces, many dentists have scaled down their operations and no longer offer ranges of treatments such as bridges or implants as not cost-effective.

Not surprisingly, many patients seek treatment abroad. Kraków is rapidly becoming an international hub for medical treatment, apart from being one of Europe's favourite weekend holiday destinations. Popular areas of medical tourism are dentistry, expensive diagnostic treatments such as tomography, and cosmetic surgery.

Peter Hilditch, 63, a diver from Penzance, had extensive dental treatment in the Kraków clinic

which works in partnership with the Dental Travel Agency. He had had extensive dental problems. 'A dentist in Harley Street would have loved to take me on and hoover up my meagre resources!', he chortles. Instead, he went to Kraków. 'The treatment could not have been better. I had lots of root canal work done – maybe ten teeth. They have completely remodelled my upper jaw. For the first time in years, I can chew properly. And all for less than I was quoted in Britain. Very professional, friendly staff.' But could he communicate with the Poles? Pter Hilditch laughs. 'They speak better English than me! I am going back soon for



a check-up. And enjoy myself, while I am there. I like going for walks in the town.'

The clinic is equipped with ultramodern equipment and uses the highest quality dental materials imported from the USA, Switzerland and Germany. The initial diagnostic visit is free of charge, with the panoramic X-ray providing the basis of the treatment plan, or the patients can arrive with their own treatment plan as recommended by their own UK dentist. The latest hit is Beyond - the laser teeth whitening system, which takes an hour and costs £230. Root canal work costs from £44 per tooth. Composite fillings start at £30. And for the dentist phobic, they have the Wand - a revolutionary new computer controlled local anaesthesia injection system which most patients find practically painless.

The Dental Travel Agency can organise the entire trip, including transport, English-language airport pick-up in a vintage Rolls, stay in an apartment of the standard desired, and, apart from the treatment, will organise sight-seeing tours to the famous Wieliczka Salt Mine or to Zakopane in the Tatra mountains, the Polish Alps.

The John Paul II Hospital is large - one of the best in Poland, and internationally renowned for cardiac surgery. Mieczyslaw Pasowicz, the director of the hospital for more than 16 years, and a professor of cardiology, is deservedly proud of the supermodern equipment operated by specialist staff. He runs the One Day Diagnostic

Clinic. It is possible to book by phone or, soon, on the Internet, and come to Kraków for the day, to undergo exhaustive tests on specialist equipment according to the patient's individual needs, with no waiting involved, at the cost of around £350 - then spend the weekend sight-seeing. The patients can be diagnosed with the help of a state-of-the-art 128-layer computer tomograph (Somatom Definition by Siemens). This provides 3-D imaging for all-body diagnosis - with improved detail but with reduced radiation. The patient will specify which part of the body to scan, but the machine is particularly useful for cardiac, circulation and respiratory problems, as well as problems with the digestive system and internal organs.

The hospital also provides modern MRI scans and is accredited to ISO9001: 2000 for the quality of service. Ann Evans brought her son for a scan to see whether there was any brain damage after a recent accident. In Britain, the GP did not feel that the expensive test was necessary, as the symptoms did not merit it – but the mother was worried all the same. The test cost £100, so the trip to Krakow and a stay for the weekend in a hotel worked out cheaper than similar private treatment would have done in Britain. Both mother and son were reassured to know that there was no brain damage.

Professor Pasewicz mentions an elderly British patient who had been written off by British

doctors as he suffered from advanced atherosclerosis – narrowing of coronary arteries, as well as aortic aneurism. The operation cost under £7,000 and has prolonged the 70-year old patient's life.

Krzysztof Urbański is an oncological surgeon at the Oncology Centre, the Research Institute in Garncarska Street. 'We do get quite a few patients from Britain', he says. Mr Urbański mentions that he had performed a 'mop-up' operation on a British woman who had had a malignant lump on her breast removed in the UK, but 'not enough tissue had been excised, which could lead to cancer spreading again. The patient had not had sufficient diagnostic tests. For example, she should have had a 3D stereotactic mammography. It could be that the surgeon lacked sufficient experience...' muses the surgeon.

He says that many of the surgeons have worked in Britain, in such specialist hospitals as the Royal Marsden and the Christie Hospital in Manchester. They were surprised by the long wait inflicted on cancer patients in Britain, who were often shunted from one doctor to another. 'I would not want to generalise,' he adds, 'in Poland a patient can also have a bit of a wait'. But, somewhat unfairly to the Polish patient, who receives free treatment on the national health service, there is no wait for the British patient, who can prearrange an appointment as a matter of days and who pays for treatment. And for cancer patients especially, waiting time is crucial. And the correct diagnosis, of course.

How is it possible that waiting times are better in Poland? Dr Urbański puts this down to the lower cost of specialist medical staff. While Polish doctors still earn less than British ones, medical tourism to Poland is bound to continue.

StatMedica, a Polish - British partnership, is one business which is building on the rapidly growing medical tourism to Poland. Their portal has details of a number of best Polish private hospitals and clinics providing a range of services such as fertility treatment, laser eye surgery, cosmetic surgery and other surgical procedures. Alison Hope, the British partner, emphasises, 'We only work with the best providers. We will turn down anybody who does not meet our stringent criteria.' StatMedica help foreign visitors looking for affordable and high-quality care make informed decisions. They can also organise the whole trip, including a recuperative stay in one of the mountain spas - an ideal place to recover and unwind after medical treatment.