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I'm currently doing my trainee as a GP in La Pau, a humble neighbourhood in Barcelona.

I've done my Hippocrates ex-change in Hyllestad, a small village in the Western Fjords of Norway.

My tutor was Henrik, a Danish doctor who lives in Hyllestad with his big family .I've stayed at his place during the ex-change programme.

Hyllestad has 2000 inhabitants. The Health Centre is near the school, the social assistance service and the supermarket.

In this small village, the GPs have a wide range of competences in comparison to the GP's in Barcelona: they have to assist from pregnant women to children to people who need cognitive therapies. GPs and nurses provide assistance to children, In Barcelona the paediatrician does it instead.

Nurse's competences are also quite broad. In Hyllestad even the secretary can perform blood extractions!

Schedules in Norway are flexible. The GPs can plan their work and decide how much time they spend with each patient. The average is about 15' minutes per patient. However, Henrik, uses to spend around half an hour.



The pharmacy expense is lower in Norway than it is in Spain. In my point of view one of the reasons is that doctors spend more time with each patient so they can diagnose better.

In comparison with Barcelona, in Hyllestad the patients who come to the Health Centre are younger. That's because the elder have nursing services at home, provided by the government.

In Barcelona the ratio visits to health centres per person/per year are 12 times. In Norway are 4 times. This difference is due to the Health Education and Information Governmental campaigns and also because there is no public financial assistance for acute treatments. In

Norway each patient has to pay the medical services.

One of the things that surprises me the most from the Norwegian health policies was that all the policies tend to engage the patients to the working life as soon as possible. I think that's really a positive measure.

In relation to the medical protocols they are quite similar. Maybe in Barcelona we do more complementary tests.

Talking about the role of a GP posted at a health centre in a small village, I may say that on one hand you have the possibility to have a better knowledge of the patients- not only their medical situation but also their social-family situation- and that helps to do the job better. On the other hand this kind of relationships can lead to uncomfortable situations you have to be able to manage.

The relation with the elder is also different. I have the impression that in Norway the death is a medical process. In the society where I come from the death is not only a medical process but an emotional and social process as well. There is a cultural gap between Northern countries and the Mediterranean ones.

There are no pharmacies at all in Hyllestad so the Health Centre sales some of the treatments. The rest are provided by the closest pharmacy which is in Førde, another village where it's place the reference hospital. Førde is at 90 min by car. That's a long distance. For x-ray services and other complementary test is required to go to Førde. And there are no emergency services so if you are a patient and you need medical assistance and the health centre is closed you must wait or you have to go to Førde.

The GPs trainees have a lot of autonomy. They have a patient's list and the tasks and duties are those for the GP specialists.

I have visited a rehabilitation centre for patients with neurological diseases, obesity and cancer. I was delighted with the public services provided by the government to these patients, they are much better than ours.

To sum up, the ex-change has been a great experience to me. I had the chance to learn and realise that many things have to be done in my country to improve the health public system. But I have realised too we share with the Norwegians some problems like the need of an integrate patients data base or the ethical dilemma about euthanasia.

