ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Rarotonga handles minor injuries and ailments in their outpatients department. Patients in Rarotonga have a low threshold to visiting a Doctor and there is a small fee of $5 (£2.50). There is still a wide range of cases from very minor ailments such as a bruised knee during sports or acute gout to more serious falls off scooters and cardiac arrests. The majority of patients did not require treatment other than advice and reassurance.

The most common presentations were Tinea, Infected wounds or mosquito bites, coryza, and sore throats. Tinea and wound infections were more common here due to the hot and humid climate - encouraging fungal infections to grow and making wounds difficult to keep dry. Pacific islanders are at increased risk of rheumatic fever and rheumatic heart disease following strep throat meaning many children and young adults were being treated prophylacticly with Penicillin V. There was an outbreak of Chikungunya on Rarotonga during our time here - a tropical viral illness carried by day mosquitos. This caused a macular-papular rash with joint pains lasting about 2 weeks but some older individuals had continued joint pains for up to 4 months. We were told of the public health measures that were normally used to control the spread: Chikungunya being a notifiable disease was usually automatically reported to public health via the MedTech system. This system had been down from about a week before the start of our placement and was still not operational by the time we had left. This had meant that public heath were not being informed of al of the cases and were unable to pinpoint hotspots which would normally be sprayed to kill off the infected mosquitos. By the time we were about to leave Rarotonga there were some clinics where over 75% of patients we had seen had symptoms of Chikungunya. By far the most prolific problem in The Cook Islands however was Diabetes. It was not uncommon to see patients with amputated toes and chronic infected leg ulcers. There was a limited, but sufficient range of drugs available for the treatment of diabetes - Metformin, Gliclazide, Actrapid insulin and Protophane insulin. Patients were generally poorly controlled with some exceptions. This is due to a mixture of poor diet and a lack of health education for patients. Some patients were very keen on Maori medicine (local alternative medicine) whose claims ranged from a complete cure for some diseases to mild symptomatic relief akin to that used and accepted in the UK. Maori medicine was accepted to varying degrees by the doctors - some outright shunned it and others tolerated it with a close suspicion.

Atiu is a small, relatively isolated island. The residents live very much as they did 25 years ago and progress is slow. The benefits of this lifestyle to health does however show slightly - with Atiuans appearing on average slightly healthier than Rarotongans. Most basic provisions are supplied by farming and fruit grows plentifully. Meat is either hunted for (wild pigs and chickens) or farmed. There a a few small shops selling mostly tinned foods. This should make the population of Atiu very healthy however there is still a high level of NCD here also (though, as mentioned previously, not as bad as Rarotonga). Atiu tended to have fewer presentations for minor skin problems such as Tinea or wound infections and there were no MVAs during our stay. Otherwise the pattern of disease

presentation was similar to Rarotonga (coryza, sore throats and mostly NCDs). I got the impression that Maori medicine is much more popular here due to the more traditional culture.

2:

Te Marae Ora Cook Islands Ministry of Health is the main provider of health care in the Cook Islands. It also has a regulatory function in protecting public health.

Overall, the Cook Islands are relatively well equipped to provide basic primary care and secondary level care. The Cook Islands has a range of general clinical services in, outpatients, emergency medicine, medicine, obstetrics and gynaecology, paediatrics, geriatrics and surgery. These services are supplemented by visiting specialist teams, usually from New Zealand who help with services such as ophthalmology, audiology, urology and other specialist services not routinely available in the hospital. Access to tertiary services is through a referral process to New Zealand national healthcare. There are a small number of private health providers in the Cook Islands - mostly General Practitioners but there is no/poor links between these services and the public health system and they usually cater to tourists.

The majority of services provided by Te Marae Ora are based in Rarotonga Hospital. There is only one other community clinic on Rarotonga nearby the main town and the outer islands with the exception of Aitutaki have very limited resources.

The Lab at Rarotonga hospital is able to perform most common blood tests and there is a handheld ABG machine for critical patients. Imaging is limited to Ultrasound, ECHO, endoscopy and (portable) X-Ray. Further investigations such as specialist blood tests and CT scans can be ordered but patients must be sent to New Zealand.

Drug supplies are limited to the Cook Islands formulary and some donated medications. Some medications (e.g pethidine for labour) run out of stock and therefore patients had to go without. This is worse on the outer islands where there is an even more limited supply of medications and medications run out more frequently. Rarotonga has many Defibrillators in the hospital as well as portable AEDs in other locations around the island for public use - akin to in the UK.

3:

On Atiu, the limited resources are very apparent. The lack of an AED, or any investigations other than bedside tests leaves a great deal of diagnostic uncertainty. The resource that is most limited here is money as the ministry of health needs to pay for flights out of the island. I spoke to many Atiuans on

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my time visiting the island and some were acutely aware of the lack of resources - the most aware being those that had spent time abroad or non-native cook islanders.

On Rarotonga resources are limited but the majority of Te Marae Ora money is spent here. This makes sense with Rarotonga having by far the largest population and so the greatest need for healthcare provisions. This system is not perfect as the outer islands are somewhat marginalised from some of the most basic healthcare available in The Cook Islands - e.g. there are many islands without a Doctor - a nurse practitioner must see all of the patients and make clinical decisions. Other islands suffer with poor transport links - requiring a 2 day boat journey to reach Rarotonga. This has caused problems with a patient recently having status epilepticus for >72h before getting definitive care in NZ.

Once in Rarotonga, most presentations can be dealt with, however doctors must be very vigilant to patients who may decompensate. Once patients are too sick to fly on a commercial airline they are unable to leave. Cook Islanders benefit from free healthcare in New Zealand thanks to their New Zealand Citizenship but they or the ministry of health must pay for any flights to/from the Cook Islands.

In the UK there are no such problems with healthcare provision. Even in the most remote parts of the UK, patients are only minutes and at most hours away from a hospital with almost every facility required. Although funding is also an issue in the UK, it is on a completely different scale to that of the Cook Islands and the UK does not have to deal with the geographical issues the Cook Islands are faced with. The UK has a much greater primary care focus and most patients are dealt with by their GP rather than hospital doctors. There is talk in Rarotonga to move more services into primary care but this is likely to be slow and not shaped anything like the UK model.

4.

I have learnt a great deal from my time in The Cook Islands. I had previously been unaware that health systems exist where there is little in the way of community primary care and almost all of the services were centralised in a hospital.

Rarotonga hospital has taught me to think well ahead in terms of my patients' prognosis - not just hours or days, but weeks. It will help me consider my medium-long term aims in patient care, and better help me prioritise tests and investigations.

I have also re-leant the importance of good clinical skills and history taking. With limited resources in Rarotonga and especially Atiu, it is important to gain as much information from the patients in order to have the best chance of diagnosing problems with as few investigations as possible. I was initially shocked to see a hospital function without a CT scanner but I found it amazing to see how staff coped with limited investigations.

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Rarotonga also taught me to time manage effectively. The outpatient clinics were busy with a constant flow of people with a multitude of illnesses. I had managed to bring my consultation time down to 15 minutes/patient by focussed history taking and techniques I had picked up over my time there.

I also learnt the importance of spending time discussing patients medications with them - on Atiu I really made a difference to a patients understanding of his condition and changed his mind about not taking his medication.

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