

ELECTIVE (SSC5c) REPORT (1200 words)

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

Catherine Gilbert – Elective Submission Report (April-May 2015)

Queen Elizabeth Hospital, Barbados

1. What were the common surgical conditions you observed, and how do they differ from the UK?

Almost 15% of Barbadian people have diabetes, and in combination with peripheral vascular disease, this forms a large portion of the surgical case load. Many of the ward patients were admitted with a poorly healing ulcer, peripheral vascular disease and poor foot care. During my time with the surgical team I observed several below knee amputations and saw many individuals recovering from amputations of some kind. Aside from surgical debridement and management of these wounds, the patients required a lot of dressing care and precautions against further infection. One of the pillars of management for these patients is to keep weight off the affected limb, which proved a bit of a battle between the team and some of the patients. These wounds were often slow to heal, and many patients that were there when I arrived on the ward at the start of my placement were still on the ward a month later. The normal diet in Barbados is very high in sugar and fat, posing a further challenge as Doctors struggled to bring patients sugars under control.

In clinic the conditions we saw were a similar case mix to the UK. These included inguinal hernias and breast lumps. Interestingly and in comparison to the UK the breast lumps were biopsied then and there in clinic using a core biopsy gun, saving time in the wait for pathology results.

2. How is healthcare financed in Barbados?

Healthcare is funded by general taxation and is free at the point of delivery for citizens. Queen Elizabeth Hospital is the only state hospital on the Island and serves the population of 300,000. And is a very busy hospital as a result. There is a lot of private practice in Barbados, and many patients will chose to utilize some private services to avoid lengthy clinic waiting times. QEH has most services, but not an MRI machine. MRIs are available through government funding and contracted out to a local private company, but the waiting list for this is often 1 year or upwards. One patient we saw in clinic required a MRI but chose to go privately to avoid the wait. Notably the private costs are much lower than the UK and USA. For example this MRI would have cost about 400 GBP.

Another consideration for healthcare financing in Barbados is health tourism. Barbados experiences some of its citizens leaving the country for care in USA. These tend to be the very wealthy citizens, or ex-patriots. However there are also many people from other Caribbean islands who will come to Barbados because the facilities there are superior to their own country.

3. Is the pattern of healthcare provision in Barbados effective and equitable?

Overall the hospital provides a good standard of care to the Barbados population. The hospital is clean and well staffed, but funding shortages often mean that there was a lack of equipment on the wards and even bed linen on one occasion. Seemingly the main criticisms of the hospital are the long waiting times in clinic and to be seen in A and E. To me this seems due to the fact that the hospital is not big enough to serve 300,000 people.

Although the standard of clinical care I saw in the hospital was excellent, a stretch on resources meant that social care was severely lacking. There was very little in terms of physiotherapy and occupational therapy available on the state system. This is a real problem, particularly for patients who have had amputations and have big needs in terms of rehabilitation. For instance it was very difficult to acquire a wheelchair on the state and it was the responsibility of patients to procure one.

Conclusion

My six weeks at QEH were thoroughly enjoyable and I learnt a lot from the doctors and patients. The structure of training there is modelled on USA, so the juniors work a very rigorous on call rota, often not leaving the hospital for several days at a time. There were also a number of other medical students there from Manchester, Imperial and Glasgow, as well as a few students from Germany. It was really interesting to meet them and hear their experiences.

The country itself is so beautiful and the people so friendly. I spent a total of 7 weeks there and had a fantastic time exploring the country and meeting local people.