

ELECTIVE (SSC5b) REPORT (1200 words)

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

Describe the common conditions most prevalent in the populace in Cook island and discuss this how this compare to those in nearby islands of similar size. How does it also compare to the UK.

The commonest cause of morbidity in Cooks Islands are non-communicable diseases such as cardiovascular disease, diabetes mellitus, hypertension, respiratory disease and cancer. These patterns of disease most likely stem from of Cooks Islanders lifestyle which is very conducive to, and leads to the high prevalence of, obesity seen in the country. It was usually ranks highly as one of the countries with the highest proportion of obese adults, in a 2017 ranked, it was ranked highest with 50.7% of its adult populace obese.

Having spent four weeks in Rarotonga where the majority (about 70%) of Cook Islands population live, it was not too surprising that the incidence of obesity is so high. The locals live a very sedentary lifestyle and eat highly calorific food with massive portions. Moreover, the culture in Cook Islands is also welcoming of obesity where high body habitus is seen in positive light. Even the active people I met on the island had massive body habitus and it would be hard to believe they exercise if one did not see them exercising regularly. Given that obesity is a significant risk factors for the aforementioned diseases, it is not surprising that they are very common in the country.

The story of Cook Islands is also replicated in other Pacific island nations. The top ten most obese nation are also Pacific Island nation with another four between 11-14; making a total of 14 Pacific nations amongst the top 20 most obese nation by proportion. As a result, the pattern of illness is very similar and the region collectively faces similar cultural challenges.

Comparatively to the UK, Cook Islands is very similar as non-communicable disease are commonest health challenges and obesity is forever rising making it the biggest health challenges that the UK needs to tackle.

How is healthcare delivered in Cook Islands and how does it fare in comparison with Swaziland and UK.

Healthcare in Cook Islands is mainly provided for by the government with support from New Zealand with some overseas donations to supplement this. The islands main hospital is the 70 bed hospital in Rarotonga which has surgical, medical, paediatric, obstetric and gynaecology, and emergency services departments amongst other. The emergency department also serves as the general practice of the island. There are also smaller hospitals in other islands such as the 28 bed hospital in Aitutaki and a hospital is also in Atiu. Working abreast the public health care services are a small number of private service providers.

Although healthcare provided for by the government is not free, it is generally done to be affordable and no one is turned away from treatment. For local Cook Islanders who can prove their residence, healthcare is free for those age 16 or less and those age 60 or more. Whilst for those who are aged 17-59, they have to pay a fee such as between 4-25 USD for outpatient consultation or 4-8 USD per night of in patient stay. Those within this age range also have to pay for blood works and any radiological imaging. An arrangement services for payment can be set though, 50% is expected to be paid before discharge.

With regards to health provision itself, Rarotonga Hospital is well equipped to provide the health needs of the population and the team were highly excellent and pleasurable to work alongside. They rely on expertise input from New Zealand- there is a system in place in which a specialist team from New Zealand come for a week. This happens 33 times during the year. They also refer patient to New Zealand when their needs cannot be met in the island including sending patient for CT (there is none on the islands) or when the need of the patient is too complicated to be met on the island; in this sense, Rarotonga Hospital function akin to a rural hospital.

This is very similar to what I experienced in Good Shepherd Hospital (GSH) in Swaziland though given it is a missionary hospital, all patients have to pay in Swaziland though the price are very small. In contrast, this is different to the UK where healthcare is still free in majority of the cases.

Describe and comment on the effectiveness of public health campaign that has been initiated to address the high obesity rate in Rarotonga.

The main health campaign done to tackle the high obesity in Rarotonga are various graphic advertisement board around the islands highlighting the various complication that can arise from diabetes (especially gangrenous foot). Similarly, there were advertisement encouraging smoking cessation. Unfortunately, I did not come across such advertisement to tackle obesity and encourage a more active lifestyle and healthier diet. Though it is part of the island's government strategy for an improvement in diet and increase in activity levels.

What have you learnt about healthcare delivery in small limited form. What skilled have you gained that can be applied to working as a doctor in UK.

There are a few learning points that I will take away from my elective in Rarotonga Hospital. One is the importance of being resourceful and ability to work within what is available. Despite the lack of facilities that I am used to in the UK, there was no stage that I felt the patient care was limited. Continuing from this, I also feel that it is important to know once limitation, not to blindly take previous diagnosis as correct and knowing when to escalate care or ask for the opinion of others. This was most poignant in the case of a young patient who was misdiagnosed as having migraine and presented multiple times with similar symptoms and no improvement despite being on appropriate treatment for migraine. In reality, they most likely had epilepsy. The patient had been going on for years without appropriate treatment until his finally with presented and the diagnosis of epilepsy was established. It is quite scary of what could have happened in the interim before the treatment was enacted.