

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

- **What are the most prevalent chronic conditions in the Cook Islands, does this differ to the UK?**

The most prevalent conditions we found in the Cook Islands were lifestyle diseases, predominantly diabetes type 2 and hypertension. In the Cook Islands, obesity is very common. It is hard to compare to the UK but it definitely felt more prevalent. Many of their medical issues such as diabetes and hypertension were rooted in this fact. Lifestyle seemed a huge driver for this, as the hot weather limited activity and lack of imported fruit and vegetables combined with the lack of local farming meant diets consisted quite often of a large quantity of fried foods, and takeaway food.

From day 1 it was evident that public health is a priority, as we saw large boards outside the airport and hospital about both smoking cessation and the dangers of diabetes. They weren't shying away from the issues, showing a large picture of a necrotic toe as a warning of the dangers of high blood sugars.

There seems to be similar compliance issues with medication for a significant minority of patients, as in the UK, and high BMI seems to be a driving factor for many of the cases seen. There were similar rates of minor illness such as upper respiratory tract infections. We saw little depression or anxiety during the placement. With the climate being tropical there is a higher rate of skin infection and antibiotics are needed more frequently. A lot of people sustain minor cuts and injuries due to work eg fishermen and the high exposure to water probably leads to higher rates of infection, as well as insect bites being more common here.

- **How is health care provision organised in the Cook Islands to provide for a small population, compared to the UK?**

The hospital here is very small compared to most in the UK. It has a four bed men's bay, 4 bed paediatric, and 6 bed female bay. There is also a maternity unit, an HDU, and isolation area, and a triage / treatment room. There are 2 outpatient consulting rooms, a lab and X-ray room, plus the pharmacy. The hospital pharmacy is the only one on the island. There is only one Doctor, but she shares on call with a nurse practitioner. Overall there are roughly 26 members of staff, both clinical and non-clinical.

The hospital functions as both secondary and primary care, with outpatient / GP appointments running morning and afternoon. There are days designated to non-communicable disease, anti natal care, and blood tests. Out of hours the hospital has a constant nurse presence with either the Dr or nurse practitioner on call. The nurses are very skilled in a wide range of practical skills to help cover the needs of the islanders.

- **To see how health care can be distributed to remote populations in discrete island communities.**

The small nature of the hospital and lack of specialty input is catered for by a strong link to the nearest Island, Raratonga. Any patients who need specialist care, whether it be a diagnostic scan or surgery, are sent on a 45 minute flight to Rarotonga. Any laboratory specimens are also sent on this flight to the lab in Rarotonga. The local Aitutaki Doctor also has a good working relationship with many specialists there, who she would often contact for advice. In addition to this, specialists from NZ would often travel out to the Island for a couple of days to review patients. For example, a diabetes specialist visited in our final week to support the local management.

- To develop the ability to make treatment plans including when a case needs escalating to more specialist care.

We had a lot of independence, running our own clinics, with the support of the Doctor when required. We became adept at taking focused histories, and examinations to inform our management plans. We also became familiar with the common presentations and management of conditions, particularly infections and diabetes, which are so common. This will be useful in our clinical practice going forward, as these are such significant problems in the UK as well.