

ELECTIVE (SSC5b) REPORT (1200 words)

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

There are two main hospitals on the beautiful and spirited island of Barbados. The first of these, Queen Elizabeth hospital, is the only public hospital which is located in the vibrant capital city, Bridgetown. The second hospital is a smaller, privately owned and run facility called Bayview. I undertook a surgical elective with a private General surgeon, Mr Christopher Warner at Bayview. On this elective my time was spent in a variety of settings with most days spent sitting in clinics, observing minor operations and dressing changes as well as going to theatres. During my time I saw a large number of different cases from simple ulcer management, breast lumpectomies to laparoscopic cholecystectomies and brachytherapy. I also had the opportunity to observe healthcare delivery in a multitude of different settings. These included Mr Warner's diagnostic clinic, the advanced operating theatres at Bayview hospital and MD Alliance, and a more rudimentary operating suite at a facility called the Barbados Family Planning Association.

The types of diseases that occur in the Bajan population are broadly similar to that of the UK. There is a strong incidence of chronic conditions including diabetes, which is often very poorly controlled, leading to a high prevalence of cardiac and peripheral vascular disease. This has resulted in Barbados having a reputation for performing the highest number of amputations per capita of any country in the world. When I asked Mr Warner and the nurse working with him, they felt this was due to patients believing that their health was solely the responsibility of medical professionals. This paternalistic view is particularly detrimental in long term conditions, such as diabetes, as these require a significant partnership between the doctor and patient. The treatment options for these conditions are also similar to the UK, however I came across a number of medications that are only licensed in the Caribbean and US. An example of this is a medication used to stimulate granulation tissue in diabetic ulcers, which is called Ketanserin. I feel that in Barbados there is less emphasis on disease prevention and more emphasis on quicker solutions to presenting pathology. This may explain the increased number of amputations.

During my six weeks observing the general surgical team here I also saw a surprising number of cases of breast cancer. On inquiry with the surgical team I was informed that Barbados has a significantly higher incidence of breast cancer than other developed countries. It is not fully understood why this is the case, but it is likely due to multiple different variables involved. It is speculatively thought that there is a genetic component to this increased incidence, however the high rate of obesity is also likely to be a factor.

The perioperative and operative management of patients depends on a number of factors including the setting of where the operation is taking place, and the type of surgery being performed. The theatres appeared mostly similar to those in the UK, however they were often without an anaesthetic room. This meant that patients were anaesthetised on the operating table. Whilst this did not appear to have any adverse impact on patient care, it contrasted with my experience in the NHS where patients are induced in a calm and separated environment. The anaesthetists in Barbados are very effective at working very competently in a distracting and busy setting.

Whilst Barbados does have a large publicly run hospital at which patients can receive free treatment, problems with long waiting times and a perception of inferior care means that many patients turn to

the private sector for their healthcare. This has been my first experience of working in a private healthcare setting, which has allowed me to reflect upon previously unconsidered scenarios. For example, patients were often able to choose if they were going to receive general anaesthetic or have their operation under local. These decisions were often made based on cost considerations. On a number of occasions, operations that I have seen conducted under general anaesthetic in the NHS were undertaken with just local anaesthetic in a clinic side room. These included the removal of a Bartholin cyst and an inguinal hernia repair. Using local anaesthetic increases the level of pain the patient is exposed to, however it seems the patients in Barbados are often prepared to make this compromise for financial reasons.

Overall this elective has been an exciting opportunity to gain insight into healthcare provision in a different setting. My experiences in Barbados will be invaluable to me as I progress through my medical career.