Objective 1 *	"Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health."
Objective 2 *	"Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK."
Objective 3: Global/Public Health related objective *	How healthcare is provided away from a medical centre (on the water), the difficulties in supplying the ever-changing patients when not on land and how to manage to ambitions of those in sailing competitions not wanting to retire from the race and their medical needs.
Objective 4: Personal/professional development objective *	I want to see how I do working in such a different environment that a boat is compared to a hospital. Improve my skills with relation to water related emergencies - near drowning, hypothermia etc.

Obj 1:

Spider bites, ant bites, poisonous trees, jellyfish, lionfish, sharks… these aren't exactly common in East London. However, for prehospital medicine in Antigua they are. Learning whether they need paracetamol and what will settle on its own or whether a patient needs to be run straight to the emergency department as their life is in danger was exciting to learn and made sure I wasn't being over touchy-feely with the wildlife on my own trips around the island. The rate of HIV in the Caribbean varies, whilst statistically Antigua's population doesn't have as high rates of HIV as places like Haiti, within the poor populations it can be high. ABSAR being a free/by donation medical treatment area, poorer patients are likely to attend us. However, this population couldn't be further from the temporary populations that come to Antigua in the winter and over the racing weeks. Superyachts worth tens of millions of US dollars. The medic station which acts as a walk-in clinic that provides first aid, antibiotics, replacement drugs that people have left at home and a triage centre for what needs to go to the hospital, is right on the main harbor where these boats dock. People will come in with simple rope burn that needs dressing and donate the equivalent of 400GBP. Whilst this may seem a lot for us used to the NHS, those from the USA and places with private medical systems they would be paying a great deal there and so tend to donate a higher amount.

Obj 2: The eastern Caribbean was devastated by hurricane Irma 6 months previously in November. Antigua was barely affected but neighbouring island including Barbuda and Dominica suffered significant damage. Power and supplies were cut off for weeks as a result their health systems suffered. Whilst not travelling to these islands whilst on my elective we received much in the way of donations to be sent there. For these islands relief from other countries when these things happen is paramount. A huge contrast to the UK. Moreover, the need for hurricane-proof buildings and infrastructure is the best way to support the populations health to prevent it from being affected by hurricanes. I was working for an NGO which is reliant on donations and sponsorship entirely. Along with money being donated drugs and other medical materials are given. Most of this comes from the large ships and cruises when their medication becomes out of date. We still use the majority of these medications as their efficiency is only slightly reduced most of the time. The patients that are treated with these medicines are informed of where the medicines come from and that they're out of date and sign a disclosure to say they've been told. I didn't have a patient that refused treatment

but it does occasionally happen and in that case we point them in the direction of the hospital or clinic that will provide in-date medicine. This is obviously worlds away from how it is to work in the NHS where, for the most part, we have all the medication we need stocked in the hospital.

Furthermore, the hospital on Antigua can't provide all services to their patients and often more complicated surgeries and treatment are medevaced to Guadeloupe. If you have an MI or stroke on Antigua all they will treat you with is aspirin and rest, thrombolysis and PCI are only available if you take a 40 mins helicopter ride.

Obj 3: Getting a patient with a potentially life changing spinal injury off a race boat in 3m swell and 18 knot winds 3 miles from the shore seemed impossible to my ignorant mind but for the team at ABSAR this is their bread and butter, the drills and practice payed off and the gentleman walked in to thank us 2 days later. We practiced how to rescue unconscious or paralysed patients from the water. Having to deal with waves hitting you in the face whilst trying to keep the 'patient' above the water plus the difficulty in communication when your ears are full of water made me glad it was only a drill and not a real patient. During race week we had a patient with a deep laceration to his eyebrow, he fell over board before the boat had left the dock, he was dropped by one of the crew on the marina soaking wet, no shoes, no phone, no wallet and his crewmate turned the dingy back and left him to go racing. He was so cross with himself for falling off the boat and not being able to race I'm pretty sure he was pretending the injury wasn't hurting partly to punish himself and partly so he could get out and at least watch the race. This stubbornness is fine when they are already in medical care but when injuries are sustained on the boat during the race the racers know they will need to retire from the race and therefore this is an incentive to wait until the end of the race to declare the injury which can obviously have dangerous consequences to the injured patient.

Obj 4: Well my swimming improved, also my balance – a few times we were banged around on the rescue boat racing upwind against the waves to attend a boat in destress. Also trying to do an exam on a wet patient was something I hadn't thought about as an issue. Not knowing whether the crepitations on auscultation are on the inner or outer side of the chest wall and apparently pulse/oxygenation probes don't work so well when the skin is wet. We had no X-ray machine, no lab, no ABG machine and often the patients didn't have the time or transport to get to the hospital so any treatment was based entirely on history and examination which was invaluable practice and something that can be lost in a UK emergency department with an over-reliance on test results and scans. Though not having these scans and results to back-up your diagnosis was unsettling and will be a welcome relief when I return to the UK.