

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

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

**During my time in Barbados I saw a great many patients with type 2 diabetes mellitus. In fact, Barbados is infamously referred to as “the amputation capital of the world” as they perform a very large number of amputations as a result of complications of diabetes. In many cases it is considered cheaper to amputate than to try and save a diabetic foot and so this is a routine course of events.**

**The prevalence of diabetes is very high in Barbados (10.76% compared to 1.28% in the UK [WHO, 2017]). The reasons for this high prevalence, and the increased morbidity of the disease in Barbados are likely due to a combination of the following:**

- genetics,**
- the cost of food in Barbados, and**
- local cultural attitudes to health.**

**Due to being an island, and one located some distance from the rest of the Caribbean archipelago, the cost of food (and particularly healthy food) is very high in Barbados as it needs to be imported. There is a large sugar industry on the island though, producing raw cane sugar and rum, which are both very cheap. This leads to a lot of sugar being used in Bajan cooking, and local delicacies such as “sugar cake” (essentially just coloured sugar).**

**Patient adherence to lifestyle changes, medication, and treatment plans appears worse than in the United Kingdom. Medicine in Barbados is still rather patriarchal and many patient’s are not interested in the detail of their illness and in fact consider it more the doctor’s problem than their own! There is also a general unwillingness to share details of one's illness with one's family which further frustrates effective management plans.**

**The doctor to whom I was attached is a private general surgeon who runs a small “diagnostic clinic” where he sees a variety of complaints ranging from those bordering on general practice, to minor and major surgeries. He also holds privileges to operate in a variety of other hospitals and clinics on the island, ranging from thoroughly modern and well-equipped to the less modern and under-resourced end of the spectrum.**

**It was very interesting to compare and contrast this mode of healthcare delivery with the NHS where healthcare is free at the point of service. Many of the patients seen in Dr.~Warner's clinic were willing to pay to attempt to save a foot which the public health system would choose to amputate for cost reasons.**

**That said, most of the patients I saw were not especially wealthy and it was sad to see people having to consider the financial implications of their health in such a direct way. When healthcare is offered in such a way, the patient has to make various choices up front to try manage their costs. For example, do they want the operation in a modern theatre suite, with an anaesthetist and a general anaesthetic? Or for less money, in a less well-equipped facility under local anaesthetic. Many times patients would choose the latter and we became saw many patients experience significant pain when they reached the limit of the local anaesthetic or the infiltration was insufficient.**

The patient population that I ended up seeing in Barbados did not offer much insight into this particular objective. Barbados is a very religious country, with a large percentage of the population practicing Christianity and attending church on a weekly basis. It is said that there are enough churches on the island to visit a different one each day of the year!

Related to this, homosexual intercourse is still a criminal act in Barbados and an imprisonable offence. The government will not distribute condoms within the prison population, a policy which undoubtedly will have an effect on HIV transmission rates within the prison population.

There were some obvious public health campaigns around condom use, for example, an advert from the Barbados Defence Force - "We serve. We protect. We use condoms."

During my time in Barbados I was able to take histories from many patients, observe many different operations in different settings, perform examinations, assist with surgeries, and undertake procedures such as venesection. At one point my colleague and I even attended an out-of-hospital cardiac arrest that occurred on a boat next to us while swimming 200 metres out to sea!

We have some local students in our team alongside us and I enjoyed getting to know them and learning about their medical teaching and seeing how they communicated with patients. Compared to the UK, there is considerably less emphasis on patient confidentiality and privacy in Barbados, and the relationship between clinician and patient is often far less formal, with some conversations being had which I cannot imagine occurring in the NHS without serious repercussions! That said, it appears to be a cultural difference as both participants of these conversations always appeared happy with the outcome and if anything the relaxed nature of the dialogue improved the relationship.

These many and varied experiences have certainly helped to improve my abilities and confidence for the rapidly approaching start of work and I am grateful for having had them.