

ELECTIVE (SSC5a) REPORT (1200 words)

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

Samoa is Pacific Island located about halfway between New Zealand and Hawaii. It consists of two large islands (Upolu and Savaii) and 8 smaller uninhabited islands. The climate is tropical, with heavy rainfall during the wet season. The population is nearly 200, 000, almost invariably Christian, with very high literacy rates (99%).

The Ministry of Health in Samoa acts in an advisory capacity to ensure that the Samoan people have access to good health care by coordinating health promotion and National Health Services. The National Health Services are a government funded organisation that manages all the hospitals in Samoa. The main hospital, Tupua Tamasese Meaole (TTM) Hospital is located in the capital, Apia, on Upolu, and this is where I undertook my elective placement. There are 5 other district hospitals on Upolu and 4 on the island of Savaii. Tupua Tamasese Meaole Hospital has around 200 beds, and includes an emergency department, a paediatrics department and an obstetrics and gynaecology department, as well as internal medicine and surgery. There are also private clinics (similar to GPs) and the National Kidney Foundation (which provides 10 haemodialysis stations). The medical workforce is made up of roughly 70-80 doctors, around 50 of which work in the National Health Services. This represents a severe shortage of qualified doctors, which is also true of other health professionals such as qualified nurses.

An interesting contrast between Samoa and the UK was the provision of basic nursing care, which in the UK is performed by qualified nurses and family visiting times are quite strictly controlled. In Samoa, 'nursing' duties, such as washing and feeding the patients is all generally carried out by the family and extended family of the patient. This was, in some ways, nice to see and made the hospital experience much more personal, although I admit, slightly disconcerting when being assisted to insert a cannula by the patients daughter. It also did make for a loud and busy ward when 8 or 9 family members are around each bed, although as a rule, all visitors were polite and not disruptive at all.

Samoa has a high prevalence of Western non-communicable diseases, most notably, type 2 diabetes, hypertension, obesity and heart disease. These non-communicable diseases account for a very large proportion of mortality and total deaths in the Samoan population.

There is also a high prevalence of sexually transmitted diseases such as chlamydia, diseases related to poor sanitation such as typhoid and diseases that are not normally seen in the UK such as acute rheumatic fever and rheumatic heart disease.

In my placement in the emergency department (ED), I encountered patients presenting with health conditions that I had never personally seen before, such as typhoid and centipede bites (!), as well as a wide variety of presentations of diseases common in the UK, such as pneumonia, diabetes and gastroenteritis. The most common presentations that I saw in the ED were diabetes related (sepsis, infection or cellulitis), acute gastroenteritis, pneumonia and cardiac patients. Indeed, most patients upon clerking had some cardiac history and most had been prescribed antihypertensive drugs. The prevalence of cardiovascular disease, smoking and obesity was truly striking. I saw patients under the age of 30 suffering from heart attacks and strokes. The reason for such high levels of obesity and associated health problems is thought to be due to the introduction of imported foods, such as breads, canned meats and baby formula, as well as more sedentary lifestyles and a genetic predisposition to

gain weight. In addition to obesity and diabetes, there are also high levels of malnutrition, especially in infants, which ties in with poor diet. I was unpleasantly surprised when clerking a 2 month old with breathing difficulty upon getting the information that everyone in the household was a smoker and they all smoked inside the house. I found it quite hard not to launch into an anti-smoking tirade berating them for their apparent unconcern until I realised that the people here have not been exposed to all the anti-smoking information and smoking cessation campaigns that we have in the UK.

One of the most interesting things to observe was the very high number of patients attending the ED with what appeared to be severe sepsis, especially children. I enquired as to why this was and also attended an audit meeting by the Paediatrics department on the subject. In traditional Samoan culture, if there was a sick member of the family, help would initially be sought from 'fofo samoa' or traditional healers. This would delay the presentation to hospital by five days or more, leading to an extremely sick patient, especially dangerous in the very young or elderly.

Management of some conditions was significantly different to that experienced in the UK, for example there is no provision for PCI in acute STEMI. However principles and theory of treatment largely followed the basics that I have learnt in medical school, the difference primarily being the availability of resources. There is an onsite laboratory which can handle most tests (although some have to be sent to New Zealand), the main difference being that samples need to be taken to the laboratory and results need to be transcribed from a spreadsheet into the patients notes. Working in the ED was the first time I have encountered physical X-ray films with which you need to use a light box.

I was surprised at the attitude towards mental health patients that I saw in Samoa, even amongst healthcare professionals. I could imagine that the dismissive attitude and amusement that I saw directed at a schizophrenic patient is the sort of reaction that may have been seen in the UK not so many years ago, before mental health issues really came into mainstream awareness.

As Samoa is plagued by an extremely high prevalence of non-communicable and largely preventable diseases such as cardiovascular disease and diabetes, it would benefit greatly from public health measures attempting to target these. Samoa is attempting to address this (and other health issues) with its National Health Prevention Policy (2015-18), which contains goals for Healthy Eating, Salt Reduction, Active Living and Alcohol Consumption amongst its scope. It also mentions the 'alarming' levels of sexually transmitted infections and Mental and Emotional Wellbeing as areas to target.

A personal aim of my elective was to be able to apply the knowledge and skills that I have gained over the past few years in an unfamiliar setting and with limited resources. I was able to get fully involved in the day to day business of the ED and all the doctors were great in letting me do as much or as little as I felt comfortable with. I was definitely pushed out of my comfort zone on a few occasions, which was brilliant, and I don't know if I would have been so involved if I was on the ward in the UK. My most memorable experience was performing CPR on my first real patient-something that I'm glad I've got out of the way before starting my first F1 job. I was slightly in awe of the doctors who worked so hard and so well with what seemed to me, so few resources and I hope I have learnt to adapt and improvise (safely) like them.

In conclusion, my placement in the ED of TTM hospital in Samoa was an eye-opening experience. It was a pleasure and a privilege to see how healthcare provision and delivery works in a country with such a rich cultural background that permeates every aspect of day to day life. I aim to take the skills and knowledge I have learnt during my time in Samoa and apply them to my every day clinical practice.