

ELECTIVE (SSC5a) REPORT (1200 words)

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

My time in Samoa carrying out a placement within the Obstetrics and Gynaecology Department of the Tupua Tamasese Meaole Hospital has provided me with a fantastic insight into Samoan healthcare, prevalence of diseases and how both are influenced by Samoan culture. With a population of less than 200,000 people and very limited medical resources, my experience of the healthcare system promised to be an interesting one.

One of the first differences that struck me between UK and Samoan Obstetrics and Gynaecology, was the extent and prevalence of multiparity in women. It was deemed completely normal for a 21 year old female to present to the ward pregnant with her third child, just as it was normal to meet a 50 year old gynaecological patient with eight children and multiple grandchildren. Multiparity although not uncommon in the UK, is a celebrated phenomenon in Samoa. Family units form the core of Samoan culture and the larger a family the better. Samoans put family first and members of large families are more likely to survive and flourish in Samoa and so girls are encouraged to start families as soon as they can, often before they have finished their school education. However, the high number of pregnancies coupled with a increasingly obese and diabetic population undoubtedly results in high rates of pregnancy complications. Prevailing complications in obstetric health care include perinatal mortality, premature delivery, birth complications and macrosomic babies, problems which are heavily linked to the increasingly obese and diabetic population.

But why are such presentations to the obstetrics ward more common in Samoa? It appears partly to be down to patients failing to access care in the early stages of their pregnancy or gynaecological disease. In terms of prenatal and antenatal care, many pregnancies are unplanned and those who fall pregnant commonly do not view pregnancy as an "illness" requiring medical help. In the UK, pregnancy and childbirth has become increasingly medicalised with a majority of women accessing pre-natal or antenatal care in the very early stages of their pregnancy. In Samoa however, pregnancy still maintains a strong reputation as a natural event and so women often do not feel the need to access health services for support, especially if they feel well. This means fewer fetal abnormalities or antenatal complications are picked up until much later on in the pregnancy.

Regarding gynaecological presentations, the most common presentation I came across was post-menopausal bleeding which, more often than not, when investigated was found to be advanced stage cancers. It was shocking to see patients presenting with such advanced stage cancers, often requiring huge invasive surgical procedures with limited medical treatment to hand. Having studied medicine in the UK where cervical screening has been implemented to prevent patients presenting with advanced stage cervical cancers, I was saddened but not entirely surprised to find that this developing country does not have such a screening programme in place, and this most definitely contributes towards the higher rates of advanced cervical cancers seen at presentation. As resources are scarce, screening programmes and common preventative measures taken in the UK are unlikely to be implemented any time soon in Samoa.

The level of care provided to patients in Samoa does not differ much from that given to patients at home in the UK. The limiting factor for the quality of care given really does lie in the limitation of

resources. Regardless of more limited access to care, when patients do eventually present to the health services, health professionals act just as we would like our doctors and nurses to act at home in the UK.

As mentioned above, there are certain medical conditions that are increasing in prevalence in Samoa and contribute towards the obstetric and gynaecological complications that I frequently encountered. The two main diseases were diabetes and obesity. Rising preference for calorific imported food and shunning of traditional local foods has meant that today 80% of Samoans are obese and 25% are diabetic, mostly Type 2. Obesity is a risk factor for gynaecological cancers, a fact which doctors in Samoa are keen to make clear to their patients. Obesity also increases risk of birth complications which many Samoan women are experiencing more and more. Educating the public is at the top of the list when it comes to reducing rates of these diseases. At home in the UK, huge emphasis is put on educating patients whenever they come in to contact with health professionals and there is a similar attitude in Samoa. However the challenge appears to be, not in educating people, but in physically changing their behaviour. It is easy enough to explain to a patient that her weight is contributing to her health, but when most food is imported and fresh fruit and vegetables are extortionately priced, it is difficult to put healthy behaviours into practice.

In addition to the difficulty in changing behaviours, demand for diabetes related services has skyrocketed over the past 20 years. The Samoa National Kidney Foundation is seeing more and more patients with diabetic nephropathy, and sadly because of the inaccessibility of health services to some Samoans, many are presenting with end-stage renal failure instead of Stage 1 or 2 and services are struggling to keep on top of demand.

If there's one thing that struck me throughout my elective people, it was the strong desire that the doctors have to help their patients. These doctors are passionate about helping their patients and are commonly frustrated by limited access to resources. It has made me realise how lucky we are in the UK to have the resources that we do to help our patients. Doctors in Samoa are very good at working around their limiting factors and it is a skill that I think is important to encompass in practice at home in the UK.