

## **ELECTIVE (SSC5a) REPORT (1200 words)**

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

Saint Vincent and the Grenadines (SVG) is a country with a very small population of just over 100,000, most of which reside on the mainland of Saint Vincent and the remaining handful on a few of its 32 Grenadine islands. Healthcare in SVG is heavily subsidised by the government and is largely free at the point of service like with the NHS in the UK, albeit patients still have to pay a small fee for various investigations and treatments. In terms of the spectrum of diseases, most diseases which are common to the UK such as hypertension, diabetes and alcoholic liver disease are common in SVG. However, one notable difference is the stage of disease at which they present, with many patients presenting with more advanced stages of the disease than what is common in the UK. Observed cases include a patient with widespread gouty tophi on all four limbs, and also a patient with advanced metastatic pancreatic cancer. This is often due to a combination of patients presenting late for the first time with their disease and lack of engagement and coordination between the healthcare teams and patients. For example, many Vincentians subscribe to natural and organic methods of healing and subsequently delay their seeing a physician, in addition to not often complying with treatments prescribed by doctors. Conversely, it is not uncommon for patients to have had missed or delayed diagnoses and not to have had adequate follow-up for their conditions for a host of reasons. This includes pressures on the healthcare system from staff and equipment shortages, and less robust protocols and procedures for investigating various health complaints. For example, imaging reports are often much simpler and less comprehensive than what is typical in the UK, which increases the risk of important signs being missed.

The incidence and prevalence of various cancers like breast, pancreatic and colon cancer are also significantly high in SVG according to local doctors. In addition to the aforementioned cultural barriers to engaging with healthcare, there are also no formal screening programmes for these conditions due to financial limitations. As such, screening for these conditions are largely on an opportunistic basis where family doctors in particular educate and encourage their patients to engage with regular health checks. However, there are many people in SVG who are not registered with and do not regularly visit their family physician, making it difficult to identify patients for early intervention. Unlike in the UK, there are also no formal notifications sent to patients to remind and encourage them to attend screening clinics. There are also no readily available guidelines to inform local doctors on best clinical practice unlike in the UK with the National Institute of Clinical Excellence (NICE), which can result in conflicting advice given to patients especially if the doctors had trained in different countries. An interesting note as well is the lack of appreciation by patients in SVG for different health specialities. It is common for patients to insist on seeing a particular doctor, who for example is a general surgeon, for other non-surgical problems on the basis that many patients do not have much confidence in the general healthcare system and feel more secure seeing a doctor that they are familiar with and trust. Whilst this behaviour is not unique to SVG, it is more commonplace than in the UK as the NHS is held in much higher regard by the British public than the SVG healthcare by Vincentians, and the British public has a greater appreciation of medical and surgical specialities as well. However, similarly to the NHS, family physicians usually look after patients within an allocated region.

Supply shortages also make it difficult to ensure prescribed treatments are administered adequately and promptly. For example, there is almost always a shortage of one of the drugs needed for surgical

operations each week in the hospital, leading to many elective operations being postponed. There are also few specialists in SVG, with no paediatricians and only one neurologist to name a couple. This constant shortage of resources has led to many Vincentians turning to private pharmacies and medical centres, and travelling overseas particularly to neighbouring Caribbean countries and the US to seek medical care. For example, it is not uncommon for patients to struggle acquiring insulin from the local pharmacies and having to turn to relatives abroad to send home the insulin. In addition, having only recently acquired the first MRI machine in SVG, patients have traditionally travelled to neighbouring countries like Barbados to have any required MRI imaging done. This in itself can make it more difficult to coordinate care as medical reports from various places need to be compiled and occasionally these records are not readily available, further delaying care or incurring additional costs to patients as they seek to repeat various investigations. Furthermore, record keeping of patient records are more rudimentary than in the NHS. There is no centralised electronic medical records in the hospitals, and imaging results are stored on CDs either for the patient's personal keeping to be brought to each consultation or to be kept together with the patient notes. It is also notable that demand on health services is such that during clinics the consultant might be reviewing a patient whilst his registrar did a preliminary review of a separate patient in the same room. Curiously as well was the observation that chaperones are not commonly offered for intimate examinations such as breast assessments, and that most patients were comfortable with this. It might be that this could be due to an unwillingness to take staff out for chaperone duties amidst the staff shortages alongside there being less of a need since patients largely seem to be comfortable being examined without one.

In conclusion, SVG is a small country with many unique health challenges, ranging from supply shortages to cultural health beliefs and lack of public health literacy. This is quite different to the UK where resources and services are much more abundant than in SVG and many patients are generally well informed on various health issues.