

ELECTIVE (SSC5a) REPORT (1200 words)

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

I conducted my elective at the Mount St John's medical centre, a secondary hospital located in the heart of Antigua and Barbuda, St John's. The hospital has around 300 patient beds and provides a range of services including Obstetrics & gynaecology, surgery and A&E. I was placed on the internal medicine ward which has 40 beds. During my placement, there were generally around 20 patients on the ward every day. As is the case in the UK, the day starts with a ward round with one of the consultants. Before that, the junior doctors make sure they have reviewed all the patients and that the notes are up to date.

The healthcare system here is set up differently to the NHS in the UK. All patients have to pay for the healthcare services they receive, however the services provided are at a more affordable rate if patients have national health insurance which costs around 30 pounds per month. Each investigation and procedure is attributed with a cost, meaning that if patients do not have the means they would be unable to receive the medical care. Additionally, certain services are not covered by the national health insurance such as urological interventions, which means that certain conditions are more expensive for patients to receive care for. Certain investigations are more affordable than others, for example a CT scan costs around 6 pounds. One of the doctors mentioned that this could also be seen as a negative thing, as the affordability of a CT scan means that a lot of patients receive them when they actually do not require them and it means waiting lists are long to receive a CT scan, especially when certain patients require them more urgently. Each healthcare system comes with its own benefits and shortcomings, as although the NHS provides free services to its patients, it also means that there are limits and regulations to the services a patient can receive, for example IVF only being offered to couples that meet very specific requirements.

Before coming to Antigua, I assumed that I would see conditions in the hospital that varied to the patterns of disease I have seen in the UK. However, the conditions were very similar, with the majority of patients on the internal medicine ward being admitted due to non-communicable diseases such as diabetes, cardiovascular disease such as MI and hypertension, cerebrovascular disease such as stroke, respiratory conditions such as asthma and COPD and sickle cell crises which we see in east London often as well. I think this is partially attributed to lifestyle factors as is the case in the UK, with diet and activity levels playing a large role. There were posters on the walls of the hospital that warned about Zika virus and the symptoms to look out for, however I did not encounter any patients with this condition but it did make me aware of the fact that there is an overlap with communicable diseases as well. However this is also the case in London with conditions such as TB. This is known as the double burden of disease which a lot of countries face, where there is an overlap between both non-communicable and communicable diseases, making disease patterns more complex and healthcare costs more expensive. Every patient in the hospital would also receive a COVID swab before being admitted, as Antigua was also affected by the epidemic. However, there were fewer cases here than in the UK and vaccination programs have been rolled out here.

I was impressed by the hard work of the medical teams here, with the doctors definitely working more hours than junior doctors are allowed to work in the UK, with on call shifts lasting up to 36 hours without an opportunity to get rest. A few patients that I saw in my three weeks on the placement did pass away despite medical efforts, and I think this was mainly attributed to limitations in resource availability of specific treatments and investigations. For example in Antigua there is no opportunity to receive PCI following a myocardial infarction, so the only management option is medical treatment with thrombolysis, which can only be given if patients come into the hospital within a certain time window. This has made me think about the disparities in healthcare provision in different countries, as patients are receiving different opportunities of healthcare provision due to their geographical location. I think the ultimate goal will be for the same standard of healthcare provision to be available in all countries and reduce the number of preventable deaths, however this requires long-term investment into the healthcare sector. In a small country like Antigua, the procedures that will be offered are the ones that patients most commonly present with, and myocardial infarctions may not be as prevalent as other conditions, and therefore setting up a PCI lab would not benefit the greatest amount of patients.

I really enjoyed this opportunity to witness and participate within a healthcare setting in a different context to what I have experienced in the UK. I learned a lot from the doctors, including how to conduct clinical examinations and

procedures when resources are more limited. I found there to be a much greater focus on examination of patients in Antigua than I have witnessed on the wards in the UK, as there are less investigations available and therefore management has to be guided more clinically. I saw a lot of clinical signs in patients which I have not encountered in the UK, which was a really great learning opportunity for me. I was surprised how easily I felt as part of the team in the hospital and prior to this placement I did not appreciate how universal medicine actually is. Everyone that goes to medical school, irrespective of where they study, learn the same conditions and the same treatments and this allows you to be able to implement this knowledge in any geographical healthcare setting with any patient that is placed in front of you. It definitely has made me more curious about healthcare in other countries and has made me consider working in different healthcare settings in the future, including doing an F3 foundation year or even working for an organisation abroad in the future.