

ELECTIVE (SSC5a) REPORT (1200 words)

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

Within the internal medical ward, the majority of presentations were cardiovascular and cerebrovascular disease, including stroke and myocardial infarction. This reflects a local population with a high prevalence of risk factors including hypertension and type 2 diabetes. Patients in Antigua also present with uncontrolled diabetes and hypertension; doctors have discussed that often patients may go without medications, more so than in the UK, for a variety of reasons including difficulty with payments. Other diseases with significant morbidities and mortalities include cancers, heart disease and hypertensive disease. This pattern of leading presentations shows a similarity with the UK, where non-communicable diseases have a higher burden.

Another predominant presentation in the hospital is that of sickle cell crises. This is typical of a population with majority Black ethnicity, meaning sickle cell presentations in Antigua are more prevalent than in the UK. Overall, non-communicable diseases have a significant burden in the Antiguan population. Regarding communicable diseases, Antigua does not have significant levels of tropical disease. For example malaria is not transmitted in the country. Zika virus also has minimal transmission in the country with one case detected in 2016, although there is significant public health information to prevent congenital Zika syndrome. Overall, the pattern of disease in Antigua and Barbuda is similar to the UK, something which surprised me.

Antigua has a public health insurance programme paid directly to the government. In some ways similar to the US health system, this allows access to medical services with an excess fee. However, these fees are much smaller and could more easily be compared to the UK prescription charge, as an effort to reduce service demand. For example, a CT scan would cost 20 East Caribbean Dollars (20 XCD, roughly £6) and a visit to the outpatient clinic would also cost 20 XCD. Like the UK, a basket of services is offered under this cover, although the range is more limited. For example, benign prostate hyperplasia (BPH) is not covered for management. Due to the smaller population, some specialist services are not available on the island and require travel to another Caribbean island or to the US/UK. Time-critical specialist services are therefore often unavailable, such as percutaneous coronary intervention (PCI) in the management of myocardial infarction (MI). Patients will therefore always receive medical management including thrombolysis if indicated. This really opened my eyes to the reality that some specialist services require a certain population number or density to be viable, something I had not borne much consideration carrying out all previous placements in London.

Antigua shares many cultural influences with the UK due to only relatively recently gaining independence in 1981; but there are also many cultural differences. A cultural value I have noticed within the hospital is how pain is described and how language is used to communicate symptoms. Many patients have described discomforts that they would not consider pain; where the word pain may have stronger connotations to them than to myself. This is an interesting consideration when aiming to best understand the experiences of others as a healthcare professional. Health beliefs also vary and one poignant area of difference currently is that of how to manage COVID-19. Anecdotally many patients believe that the vaccine is not necessary or that the side effect profile is higher than any benefit. This may be due to the more rural profile of Antigua where the risk of community acquired infections is not perceived to be as great.

A further reflection on health and medical culture in Antigua is in the balance between patient choice and professional advice. During ward rounds and consultations it seems patients have a stronger trust in medical opinion, where on being offered a management plan there is less further discussion. This seems to reduce uncertainty for the patient and supports them in their recovery. This is not something that I feel would provide the same reassurance to patients in the UK as there is a stronger sense that the patient should feedback on proposed managements. This has made me further consider the dichotomy of the doctor-patient relationship; while patient-centred care is of utmost importance, for some individuals they may choose to take a more direct form of medical advice. Of course this must always be explored on an individual basis and that in itself is a patient choice.

In integrating into a placement abroad, I found myself needing to focus on the variations in medical care and cultural norms of the area to be able to fulfil my role as a medical student to the same extent as I would at a home placement. This is something that required patience as I climatised over the first few days to working in this

unfamiliar environment. Even down to using paper notes for documentation presented a challenge. This showed me that when moving into a different environment, the level of support we require can change and our abilities change as we adjust. Abbreviations and brand names for medications are used regularly in notes and this proved difficult for me to interpret documentation. Some abbreviations in Antigua are not used commonly back home. Reflecting on this I realise there are ways I can make my own work more clear; even when considering commonly used abbreviations, they may not be common in all parts of the world and therefore are potentially confusing. Overall, I have noticed the need for greater awareness for the environment and my interactions with it to be able to meet the expectations of a different healthcare systems.