

## ELECTIVE (SSC5a) REPORT (1200 words)

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

I arrived in Saint Lucia with little knowledge of the actual healthcare system. Despite reading the information online about the Owen King European Union Hospital, it did not prepare me for the differences between Saint Lucia and the UK. This has really underlined the importance of an elective in a different country and a different healthcare system. Whilst one can read about it, nothing beats experiencing it.

Starting on General Surgery was a bit more challenging than I anticipated, as I was not sure about the work plan of my assigned supervisor or her team. It took me getting to the actual placement to figure it out and I spent the first week shadowing different consultants in theatre as I was not really sure what else was on the agenda. I think, however, that it was an important experience as it allowed me plenty of time to reflect upon a few of my set objectives.

The surgical GI emergencies and conditions I encountered here were like those I have come across in the UK, with a high prevalence of gallbladder disease, hernias and appendicitis. However, what I did not anticipate was the number of emergencies and conditions that the general surgeons here had to deal with that would have never been under the care of their counterparts in the UK.

I have seen the consultants deal with vascular emergencies such as peripheral arterial disease, diabetic feet requiring amputation and vascular disease and plastic surgery emergencies such as burns and wounds needing debridement. It was impressive that they can deal with such a wide array of presentations. But it was also quite anxiety inducing to me as it was so different to the way it's done in the UK, with everyone being very subspecialized and an expert in their respective fields. Above all, it was a privilege to witness these incredibly skilled surgeons at work. However, it is important to note why they need to be so skilled – because there simply aren't enough of them to allow them to subspecialize.

When it comes to the treatment of those emergencies and conditions, while the general treatment was the same, the details would differ. For example, choice of antibiotics would be different, not only based on the sensitivities of the bacteria, but also due to availability of specific medications. Furthermore, while I know there were protocols to be followed in some instances, there was a lot less of them than in the UK and they were not as religiously followed. While this would mean a more personalized approach to the patient, it also leaves room for things to be missed. I have also noted a preference of some methods of investigation above others. For example, the preference of urine cultures over blood cultures, as well as preference of ultrasound or X ray over CT. The main reasoning behind those preferences were cost and availability of these investigative methods as when a test was being ordered, the requesting physician had to keep in mind that it was the patient paying for it. This was the main difference between the UK and St Lucian healthcare system, as the Saint Lucian one resembles much more the system in the US. This certainly put much more consideration into my head for the cost of procedures and investigations. I would assume that if I were to ever practice in such a system, I would be a lot more conscious of the number of tests I am ordering. While in the UK it is common to just order repeat bloods and check multiple parameters, in Saint Lucia I have seen a more focused approach, guided by the patient presentation and physiology with a focus on one set of bloods. I think it is a good approach for me to develop, so as not to waste resources and money unnecessarily, especially when it comes to testing. However, when it comes to treatment, I have witnessed it to be a very difficult thing to see a patient opt out of treatment not because they do not need it, but because they cannot afford it.

Looking at the preventable general surgery conditions and emergencies, one would have to consider the perspective of general surgery in Saint Lucia and not the UK. This meant that I had to have a broader

perspective on what is included in the care undertaken by a general surgeon here. I have encountered many patients here that sadly presented too late with cancer and suffered consequences that a patient in the UK most likely would not have suffered. While I do not think the cancer itself could have been prevented, due to its innate unpredictability, it would have likely been treated at an earlier stage. This has little to do with the work of doctors, but rather the attitude of patients towards their health. With a private healthcare system, primarily paid for by the patient, it is understandable why some would choose not to come in with an issue. Also, I discovered that there is an element of belief that if something is not said or diagnosed, it does not exist and could not worsen, not to mention many alternative medicines being tried. I have witnessed and felt the frustration the doctors here feel at not being able to help a patient that would have been fully cured should they only present when they first felt the breast lump or noticed a change in bowel habits.

Finally, looking at my last learning objective, I must say I probably learned and reflected the most. It took over a week of my elective for me to find out that minimally invasive approaches to general surgery, such as the laparoscopic approach did in fact take place in Saint Lucia. My assumption stemmed from the fact that I have not witnessed nor seen one scheduled and when I asked members of my team about it, I was told that the approach to such surgeries as appendectomies or cholecystectomies is always open. In my second week, I saw a laparoscopic appendectomy scheduled for the first time and it was the only laparoscopic procedure that took place during my time there. Reasoning behind it was not the skill of the surgical team, who all seemed very well skilled in this approach, but rather the availability of equipment. Witnessing this laparoscopic procedure also allowed me to appreciate the importance of a surgical team, such as scrub nurses and healthcare assistants, and how important it is for everyone to work together and have similar knowledge on the subject. Unfortunately, due to the rareness of laparoscopic procedures in St Lucia, the lead surgeon had to not only perform the surgery but assemble the equipment. This really underlined for me their desire to give the patient the best outcome despite the added difficulty of the procedure. I was in awe of the surgeon and the surgical team's perseverance despite the obstacles.