

ELECTIVE (SSC5c) REPORT (1200 words)

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

1.

In Rarotonga the outpatient department was very busy. Patients would attend with anything from cuts and bruises following rugby tackles to coughs, colds, motor vehicle accidents (MVAs) to more serious presentations such as collapse and seizures. A common presentation was pharyngitis which often in the UK would be diagnosed as 'viral illness' however here in the Cook Islands there is a much higher risk of rheumatic fever and rheumatic heart disease which we witnessed on the medical wards as premature heart failure as early as age 40. Therefore there is now a very low threshold for treating pharyngitis with 10 days of penicillin V or Amoxicillin to prevent streptococcus infection causing rheumatic heart disease. Another common presentation was Chikungunya virus. We had not heard of this until we started at the hospital and then nearly every day at least 5/6 patients would be diagnosed with it. It presents as joint aches and pains as well as a macular-papular rash, affecting the young as well as the old. It is spread by a specific mosquito that bites in the daytime and there was a substantial outbreak of the virus while we were here. As the computer system (medtech) was down, not all of the cases were being reported to public health and we felt this was one of the main reasons for the severity of the outbreak. Usually the medtech system highlights areas where there are a greater number of cases and therefore the mosquitos in this area can be sprayed to prevent further spread. In the younger patients the typical pattern of illness lasted 1-2 weeks whereas in some of the older patients especially those who had joint related comorbidities such as arthritis, reported joint pains lasting for months, disabling them from picking up even a spoon. In addition to this there were numerous patients with complications of longstanding hypertension and diabetes. In Atiu, the majority of presentations to the hospital were for minor ailments such as coryza symptoms. One patient did present with stroke like symptoms complaining of slurred speech and altered vision. Ultimately the more serious presentations such as this are transferred to Rarotonga as Atiu does not have the health provisions to deal with such patients.

2.

In the Cook Islands there are few GP or Community services and so the majority of patients present directly to the hospital via the outpatient department. They are then triaged by the nurses and seen by the Doctors who can prescribe medications or admit them. The cost of a consultation at the outpatients department is a mere £2.50 (NZD\$5) charge. The few GP services on the island of Rarotonga are private and thus are aimed at tourists rather than the locals. The only community services aside from the hospital are located at Tupapa clinic where a similar outpatient system happens and patients are seen and triaged, as well as nurse practitioners manning non communicable disease clinics and a dental clinic next door. In Atiu there is just a small hospital facility akin to a UK general practice but with several inpatient beds. In addition to this there are public health nurses who travel to patients at home, provide education and immunisations at the school as well as having nursing duties in the hospital. The public health nurses on Rarotonga have a wide ranging job of administering medication to patients at home e.g. insulin, to health promotion, child welfare and

development. The role filled by the public health nurses in The Cook Islands is very similar to that of the District nurses in the UK.

As The Cook Islands are in free association with New Zealand there is a great deal of support by specialists who visit the Cook Islands on a yearly basis to advise and practice. This includes services such as ophthalmology, audiology and dermatology, all of which we had witnessed during our time here. Without these visiting specialists performing operations such as cataract removal and fitting devices such as hearing aids the Cook Islands would really struggle to provide a thorough service for these patients without sending them to New Zealand. As a last resort for complicated or severely unwell patients these can be flown by air ambulance to New Zealand at great expense to the Cook Islands Healthcare. Therefore many patients are sent over earlier on a commercial flight if doctors predict an inevitable deterioration in their condition or for services not available in The Cook Islands such as Dialysis.

3.

I was surprised at the rates of non-communicable diseases here in the Cook Islands. The majority of the islands population are obese and have obesity related comorbidities such as diabetes, hypertension and gout with early onset of complications. These occur from an earlier age than I am familiar with in the UK mainly due to genetic factors and poorer control of blood pressure, blood sugar levels and diet. However, despite this, once the patients were diagnosed they were followed up in 3 monthly clinic appointments in Rarotonga and monthly clinic appointments in Atiu. Patients are given an information booklet, medication and regular advice on their condition. The diabetes control is especially poor due to either non-understanding of the consequences or unwillingness to adjust lifestyle. There is also no regular screening to detect the conditions early so often they are discovered incidentally or by a visiting specialist. When discovered their condition has often progressed significantly. Many patients have significant complications such as hypertensive/diabetic eye disease. The eye specialists had fully booked clinics from the moment they had arrived until the minute they were leaving where they were performing sight saving procedures such as laser photocoagulation and cataract operations. Many of the patients who were visiting the outpatients department were seen opportunistically to detect early onset or silent disease.

Medications were much the same although much reduced selection especially for Diabetes. The medications available were the most commonly used medications in the UK: Metformin, Gliclazide and Actrapid & Protaphane insulins. This should be sufficient to manage diabetes well but as mentioned earlier there are patient factors which hinder tight diabetic control.

Although the Cook Islands do not have some of the more expensive medications and treatments this does not seem to be a huge issue for the population due to the agreement with the New Zealand government that Cook Islanders are able to relocate there and have access to New Zealand's world-class healthcare free of charge.

4.

This placement has thoroughly prepared me for starting work as a junior doctor - especially my time in Rarotonga Hospital. We have managed to perform as junior doctors on the wards - especially on the Medical ward with Dr Aung. Our roles have included writing in the notes on the ward round, ordering blood tests and following results up.

In the outpatient department we were able to take consultations ourselves, diagnose and treat patients with the knowledge that there was a safety net - being able to check with one of the friendly supervising doctors next door. We were given a great deal of responsibility. Patients in The Cook Islands are very trusting of what doctors say to them so it was important for us to always check things if we were unsure so that the patient was not given the wrong advice and so that care was not compromised. As we became more competent we were trusted more responsible roles - for example running a dermatology screening clinic prior to the specialist visit. This placement has also helped me prepare for my junior doctor role by tailoring my diagnostic thinking according to the geographical location and the cultures we served. This meant the most likely diagnosis was made with the most appropriate treatment for that individual. The importance of considering a patient's culture was highlighted to me when speaking to patients who were keen on Maori(Alternative) Medicine. Often many of the locals will have attempted a maori remedy before seeing doctors advice. It was important to acknowledge these while also trying to highlight the importance of western medicine in certain, more serious conditions.