## ELECTIVE (SSC5c) REPORT (1200 words) – Saint Vincent

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

**Saint Vincent is a beautiful country. The people are warm, welcoming and friendly. This good-naturedness of the people is extended into the hospital, which is vastly different from that experienced in the UK in terms of resources and environment. I have found that the attitudes of the patients here is so much more relaxed and calm than that in the UK. Patients are less demanding, much calmer and there seems to be an overall friendly and relaxed environment when compared to the more stressful and professional attitude of the UK. It feels to me that the more open, relaxed and friendly attitude makes the whole ward a more pleasant place to be. There is camaraderie amongst staff and patients which seems to remove some of the anxiety and fear that patients may suffer in the UK and seems to make for a better working environment for staff and a better hospital experience and perhaps even a better recovery time for patients. The main obstacle to improved healthcare and faster discharge times here seems to be the lack of resources.**

**The healthcare system in Saint Vincent is based on that of the NHS in the UK so patients have a 'free' service alongside a private system. Patients coming in for elective surgery have to pay a small administrative hospital fee prior to their surgery, usually around EC$40. However, limitations in resources mean that although patients in Saint Vincent do not have to wait long for appointments and medical treatment – usually within 2-4 weeks – often the treatment available to them is severely restricted. During my elective period the hospital has run out of several basic medications and supplies, such as Heparin, several antibiotics and painkillers, and even ECG paper and theatre gowns. Private prescriptions can be written and in-patients who require medications currently out of stock in the hospital can ask a relative to take a prescription to a pharmacy and pay privately for it. There are also a number of private consulting rooms but people who can afford to have private treatment are most likely to pay to go abroad for surgery, the most common locations being Trinidad, Cuba, USA and Canada. For me, in the speciality of orthopaedics, the treatment for osteoarthritis is where I particularly noticed how the limitations in resources profoundly impacts on the management of this condition. For example, in the UK the end stage treatment for osteoarthritis, after pain management and physiotherapy, is ultimately joint replacement. In Saint Vincent joint replacement is not an option. During a discussion about osteoarthritis with my consultant Dr DeFreitas, he explained to me that he is only aware of 2-3 total hip or knee replacements having been carried out in the hospital, and those were performed by visiting specialists from the USA who brought their own equipment and prostheses. The current treatment plan in Saint Vincent for osteoarthritis is a combination of pain management, physiotherapy, the application of warm compresses and Triamcinolone steroid injections into affected joints. However, osteoarthritis is a condition that affects large numbers of the population here and for many they have no option but to try to manage the debilitating symptoms as best they can with limited resources. For those who are able to afford to pay for treatment many will fly to Trinidad or Cuba, or further afield to the USA and Canada for treatment. I spoke to one woman in clinic who flew to Libya and paid for multiple surgeries, including a joint replacement, cholecystectomy and a hysterectomy, as she was unable to have the treatment she needed in Saint Vincent. The concept of private medical insurance, or self-funded surgery, is one I am familiar with in the UK, having worked in a private hospital myself. But for UK patients the appeal of private treatment is usually reduced waiting times, flexibility and choice of appointments and surgery, and a more luxurious surrounding for hospital stays. In Saint Vincent, if people pay for surgery abroad it is because they are not able to have the surgery they need**

**in their country. The hospital is just not equipped for treatment that they need. This was not something I really expected and I found it quite a shocking concept to come to terms with. It also made me much more appreciative of the services available to patients on the NHS and I feel that some British patients may well benefit from experiencing healthcare with limited resources to help them truly appreciate the NHS.**

**Another area of management that differs more than I expected from the UK is the treatment of fractures. In my training I have only ever come across one patient considered for traction as a treatment for a fracture, an elderly gentleman with a fractured neck of femur who was medically unfit for anaesthesia. I have not seen anyone in the UK having traction as treatment. However, on my first ward round at Milton Cato there were approximately half a dozen patients in traction for various fractures, including fractured neck of femur, a mid-shaft femur fracture and a tibial fracture. For some patients traction as a form of treatment may well be because they do not have the appropriate equipment for surgical repair and with only one orthopaedic theatre session a week some patients may have to wait up to a fortnight for surgery, in which case callus formation may have begun so placing a patient in traction is an appropriate initial stage of treatment. I noticed that patients who had casting for the fixation part of their treatment were in a cast for four weeks whereas in the UK casting tends to be for six weeks, depending on the fracture and the age of the patient.**

**The types of fractures that I saw in Saint Vincent were also quite different from the types I have seen in the UK. I saw three patients with gunshot wounds causing comminuted fractures and mid-shaft femoral, ulnar and radial fractures caused by blunt force trauma. I also observed a number of patients with complications from fractures causing osteomyelitis, another condition that I have only seen once in the UK, in a diabetic patient with foot ulcers. I feel I have also gained much more confidence in my ability to interpret an x-ray, particularly as the x-rays here are in film form and not on a computer system, meaning that I am not able to adjust the contrast and zoom in on areas and have to rely more on my ability to correctly interpret an x-ray.**

**Overall I have thoroughly enjoyed my placement at the Milton Cato Memorial Hospital. The staff were welcoming and the patients very chatty. The types of conditions I have seen and the limitations in resources mean that management here is very challenging and have made me much more appreciative of the NHS in the UK and the resources available to me as a healthcare professional.**