

ELECTIVE (SSC5c) REPORT (1200 words)

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

During my time at St Joseph N France General Hospital I've been fortunate enough to observe the functioning of a very different healthcare system. There is no National Healthcare System to step in and pay for various procedures. Instead, the majority are privately funded and the benefit of certain investigations or procedures are weighed against cost by the doctors themselves. Private doctors are paid by the patient, however the procedures themselves are paid for through government funding. There is also a government doctor available 24/7 for those who are unable to afford private healthcare. Interestingly, certain medications are free at the point of delivery, such as HIV medication.

I had no preconceptions as to what I expected from my time in St Kitts. Therefore the difference in resources has been quite eye opening. In terms of equipment it's made me realise how much I take for granted when working in the UK hospitals. For example, separate anaesthetic rooms were non-existent, with patient's waiting in the hallway for their operation. Technology is also limited, with notes being handwritten without the use of computers. The expense of certain tests and investigations meant doctors took more care in what was ordered. I realised how dependent we can be on data and results without putting enough focus on taking a thorough history and examination from the patient. I feel this is an invaluable lesson to be taking away before I start work in August.

The Kittitians have been very helpful and friendly towards me during my stay. It's clear they are a very proud nation and take great care in their work. My colleagues and I have all noted a high standard of care. St Kitts has a population of approximately 38,000 people with an ever-growing influx of tourists. The majority of obstetric patients are single mothers and there are roughly 400-600 births a year in hospital, with home births being very rare practise. There aren't any junior doctors or registrars, with training occurring in America or England before returning to work at the hospital. I also was intrigued to learn that in contrast to the UK all the staff nurses are trained midwives and the government and private obstetric doctors are on call 24/7 for their patients. Abortion is illegal but still discreetly done and interestingly, surgical procedures for gynaecological issues such as vaginal prolapse aren't often carried out. Not surprisingly, fibroids were the biggest issue amongst the predominantly Afro-Caribbean female population of St Kitts.

Antenatal care isn't dissimilar to the UK and the level of attendance by expectant mothers reportedly high. The only notable differences being that high-risk pregnant women are seen in the community by their doctor rather than the hospital. Their antenatal notes are written in the clinic and remain there, with the only information transferred to hospital being on the mother's antenatal card. Women are seen for the first time in hospital shortly before their due date by a paediatrician rather than their obstetrician.

With regards to antenatal HIV testing it's opt in, and there are legal repercussions if the test is done without verbal consent. My consultant reported a high uptake amongst his patients, however I am unable to comment on what it may be amongst patients under government doctors or other private physicians. Due to the small community confidentiality surrounding HIV is a recognised issue. Notable differences to the UK were seen in encouraging fathers to complete a questionnaire and book HIV testing at their partner's first antenatal appointment. Last year two cases of antenatal HIV were picked up with both women presenting late. To avoid gossip in the local community there is a

nominated obstetrician and nurse that the patient may be referred to minimise the chance of a break in confidentiality. Precautions taken to prevent vertical transmission during labour include HAART medication upon diagnosis, C-section delivery, avoiding breastfeeding and nevirapine for the newborn. Unlike the UK vaginal deliveries aren't yet practised in St Kitts for HIV positive mothers.

There isn't a protocol in place for cervical smears in St Kitts, instead it is decided by the acting physician. My consultant preferred to recommend his patients have a smear yearly once sexually active, and it was clear he had a high uptake. They don't yet use the liquid method due to cost, and likewise don't order HPV serology testing. Costing issues were clear amongst other areas in the O&G department, for example syntocinon being used for labour induction instead of prostaglandins. Also due to the lower level of available facilities pethidine was the mainstay of labour pain relief and epidurals weren't an option. Analgesia wasn't often used post-operatively or in procedures such as vaginal membrane sweeps. The surgery itself doesn't differ, albeit it's all open rather than laparoscopic procedures. With regards to surgical protocol I realised that there wasn't a surgical check list or time out. However swab counts took place and the staff were keenly aware of the sterile field but didn't always keep to the principles of aseptic practise.

There isn't as strong a focus on birthing methods, with popular approaches in the UK like water births not being carried out in St Kitts. I was most interested to learn how the care of females can vary based on how different the population is. For example, keloid scarring is an issue I haven't previously given much thought to as I've seen a predominantly white population of patients. However, this is an important side effect of surgical procedures in an Afro-Caribbean area, and staples aren't used in surgery as a result. I was taught about the benefits of using steroid injection subcutaneously in surgery to minimise keloid formation whilst balancing with its immunosuppressant effects.

Personally, my favourite part of this period has been the consultant-led teaching. It's something that as medical students we don't get enough of in the UK. Instead receiving lessons and advice mostly from other members in the team. Even then we're rarely asked to look back to the basics and the pathophysiology behind certain conditions. I've realised what a shame this is as it's truly the best way to remember information and I hope I'll use this method of teaching later on in my career.

In summary, this has been a once in a lifetime experience of which I've thoroughly enjoyed. I've taken away so much in terms of new information and awareness in how much healthcare systems can differ and provide excellent quality of care. I would happily recommend this elective placement to my peers next year and it has boosted my appreciation of the specialty.