

ELECTIVE (SSC5c) REPORT (1200 words)

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

Despite the small size and population of the country, Samoa has an established National Healthcare System. For most of my elective, I was located at the TTM hospital, which is the main hospital in the country, housing about 50 doctors in total. The hospital building is new, having been constructed just 2 years ago, and is fully air-conditioned. This is a big improvement from the previous building, which lies just adjacent to the current building – a reminder of what used to be. Much of the credit has been given to the Chinese government, which has invested heavily in the building of this new hospital, as well as many other buildings around the country.

English is the main mode of communication used among the medical team, which made it easy for me to follow the thought processes of the doctors, as well as communicate with them. However, Samoan was used in communicating with patients as most of the patients in the hospital have a limited command in English. As such, my patient interaction was limited to examinations and simple procedures like blood-taking.

Being a small country which depends to a certain extent on foreign aid, resources in the hospital can sometimes limit the ability to practice medicine. It was a shame to discover that the hospital's CT-scanner had been damaged for the past few years, and that getting it repaired or replaced seemed like a distant possibility. I was told that weekly meetings were held to discuss when we would be getting the CT-scanner repaired, and the date kept being postponed. As a result, separate meetings need to be held to discuss all the patients requiring CTs, and they have to be shortlisted before this list gets submitted for CTs in nearby countries like American Samoa and New Zealand for the scans. In the hospital, they also do not have a cardiothoracic team, nor are they PCI-ready, which means that many of the cardiac patients may not be optimally treated. Many specialized laboratory tests are also unavailable because we do not possess the necessary reagents to perform them.

These difficulties pose a daily challenge for the team. Many of the doctors have been educated abroad in Australia or New Zealand and trained to think without these limitations. Even so, the team I was with had adjusted to this quickly and work their best with what they have. As investigation options are limited, one has to rely even more on clinical examination, which in some way makes the shortcomings a source of good training.

As expected, common diseases like diabetes and hypertension are common in Samoa. Even so, the presentation may be quite different. Many people with diabetes do not present till their condition has deteriorated severely, especially patients with diabetic foot ulcers. Many patients come in with diabetic foot sepsis, which is usually at a stage that is way more difficult to treat than it should be. This is a result of poor understanding of their condition, and the culture in Samoa, where many resort to traditional remedies in their villages, which many a time complicates their condition, rather than help it. As Samoa has a very strong village culture, where they are used to being self-sufficient, it is very often difficult to educate and communicate to patients how they should be managing their illness, including how important it is to return to hospital when it is necessary.

Even though healthcare is subsidised, and at times free, getting patients to present to us can be quite challenging for practical reasons. As the majority of the population lives in villages, getting to TTM

hospital can at times be a lengthy journey, and cost some money. As many families are poor, the journey itself can be expensive, let alone staying in hospital for a few days.

I was fortunate to have met a gentleman whose job in the hospital is to recommend best practices in the NHS in Samoa. He mentioned that it can be difficult sometimes to implement best practices from countries such as Australia, the UK, etc. as the Samoan health authorities are sometimes resistant to new practices if research has not been conducted in Samoa. This is probably a contributing factor to why Samoa's progress in this arena is quite slow, despite having aid from several countries.

Samoa's healthcare system has many similarities and differences to practice in the UK. I would say the main difference, or at least the source of it, is the amount of resources available to the system. In the foreseeable future, this may continue to be a challenge for the country as the country itself is not resource-rich and is not growing at an ideal pace economically. Despite the amazing natural beauty of the land which I was fortunate to experience, there are still not as many tourists as one would expect, and that is perhaps a source of national income that has yet to be tapped on.