

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

**1. What are the common conditions that patients present with to Rarotonga hospital and which of these are similar to the those in the UK and which are unique to the Cook Islands?**

Patient's in the Cook Islands suffer many medical conditions to those common in the UK. As a developing country the going through the epidemiological transition the Cook Islands is experiencing a large rise in the prevalence of non-communicable diseases. Obesity, and all the associated problems of the metabolic syndrome are now a major public health problem and are the majority proportion of the disease burden upon the healthcare system. In the public health training I attended I learnt that over 90% of the adult population are clinically overweight and over 60% have a BMI greater than 30. There are also alarmingly high levels of obesity in the child population as well. There are multiple reasons for this obesity epidemic including cultural influences and the introduction of a new fatty western diet to the country. However, it has become accepted as a social norm to have an increasingly large body habitus and this acceptance of the problem makes it even harder to tackle from a public health perspective. Concurrent to the obesity problem, there is also a high prevalence of hypertension, type 2 diabetes and gout with high rates of associated morbidity and at an early age of onset.

Aside from non-communicable diseases common patient presentations included minor injuries, ear, nose and throat problems, GI upsets and upper respiratory tract infections; just as you might expect to see in the UK. One disease specific to this part of the world that I became aware of is Chikungunya. A virus spread by mosquitos it presents with arthralgia and a rash. For most patients it may be limited to just lasting a couple of weeks but in certain groups such as the elderly it can have serious complications.

**2. How does the management of general medical and surgical patients in Rarotonga hospital differ from practice in the UK? Do they experience similar limitations in healthcare provision?**

The ideal standards of practice in the Cook Islands is very similar to that in the NHS but the reality is that standards of care aren't what they could be due to limited resources and outdated equipment. For example, there is not the access to modern imaging techniques that we have in UK hospitals. Even basic blood tests are limited to how frequently they can be done and how speedily the results are available. The drugs available in the hospital formulary are quite restricted too. Many of the patients with chronic conditions are on treatment regimens we would consider quite outdated compared to the current NICE guidelines used by the NHS. There is only one surgeon operating in the hospital and so the surgical treatment options are quite restricted. Many specialist services are only available on an infrequent basis as they are dependent upon foreign doctors, often from New Zealand, flying into the country and they can only stay for a period of days or weeks. As such the restrictions to healthcare services in Rarotonga are much more severe than we see in the UK and the impact these restrictions have on the quality of care is unfortunately inevitable.

### **3. How are primary and secondary care services structured in the Cook Islands and how do they compare to the UK?**

The Cook Islands operate a healthcare system which is partly publicly funded and partly paid for through user fees, with some input coming from foreign aid too. General practitioners on Rarotonga are private and mostly aimed at foreigners. Very little healthcare is actually accessed through primary care services as most patients present at the Outpatients Department of the hospital where they are triaged by nurses. Patients have to pay for secondary healthcare depending on their age and residency status. Patients under the age of 16 or over the age of 60 are not charged for healthcare services if they have permanent residency in the Cook Islands. Foreigners or locals without permanent residency status are charged the full cost of their treatment. The cost of an outpatient appointment ranges between NZD \$4-24. An overnight stay as an inpatient in the hospital in Rarotonga is between NZD \$4-8. When situations arise which are beyond the capabilities of the Rarotonga hospital to manage then the patient must be transferred to Auckland for treatment.

### **4. Develop the necessary skills for communicating with and managing patients from a society and culture very different from that in the UK.**

My placement in Rarotonga presented me with many familiar challenges that I have experienced in the UK but a few unique to the clinical situation in Cook Islands. Compared to the NHS clinical resources are very limited and thus detailed and thorough history taking and examination are ever more imperative. At the beginning of the placement I found that communicating with patients here was not as straight-forward an affair as back home in the UK. This was partly due to my lack of awareness around certain cultural and social issues such as the obesity problem and the frequent use of alternative local medicines by patients. Many of the locals do not understand the problem of being overweight and indeed some see being oversized as desirable. Traditional local medicines are a first port of call for many patients before seeing a doctor in western medicine and whilst these therapies in themselves may not be harmful they are often inappropriate therapies and provide little benefit. Getting patients to realize the seriousness of their conditions was a recurring theme throughout the placement. Once I had developed a greater understanding of these cultural issues I found my history taking and communication with local patients much improved, as was my time management.