

<b>Subject that you will study</b>	<b>General Medicine</b>
<b>Elective Title</b>	<b>Experiencing medical practice in St Lucia</b>
<b>Objective 1</b>	Identify the key differences in the provision of healthcare between the UK and St Lucia
<b>Objective 2</b>	Identify the key differences in the presenting problems between the UK and St Lucia
<b>Objective 3: Global/Public Health related objective</b>	Observe how medical education is maintained in a hospital where there are many short term volunteers working
<b>Objective 4: Personal/professional development objective</b>	Be able to form a differential diagnosis based on the history given and be better able to develop a management plan.

For the second part of my medical elective I have spent four weeks at St. Jude's Hospital in St Lucia. I have spent time with both the internal medicine and paediatric teams. I feel I have gained some insight into how healthcare is provided in St. Lucia as well as the similarities and differences between challenges faced, by both health care providers and patients, in St. Lucia and London.

The most striking difference I have noticed between the manner in which healthcare is provided in the UK in St. Lucia is the public versus private systems of health care provision. Despite St. Jude's being a Government Statutory Organisation, receiving funding from the department of finance, fees are still required from the patients to cover costs. This is something quite alien to me, compared to the National Health Service which is free at the point of service. The impact of a semi privatised service was most evident to me in clinic, where blood tests were only ordered if necessary for the patient. Any supplemental tests were discussed with the patient to see if they would be able to pay for this, prior to ordering them. This made me think about the importance of considering which tests are actually needed; I feel in the UK there is sometimes a 'cover-all' approach to blood tests, with many being ordered 'just in-case'. If we were to think more carefully about which tests are actually required this could save large amounts for the NHS (and reduce the amount patients are bled). Not to say this should be reduced to the level of some of the poorer patients in St Lucia, but maybe there is a midground to be found.

A difference unique to the Hospital we did our elective placement in is the building itself. The original hospital building burnt down in a fire in 2009. Since then the hospital has been relocated to a stadium (which still functions as a sports training ground). I found this impossible to imagine until I actually saw this for myself; from the inside the Stadium building has been transformed into a functioning hospital. However certain things made it clear it was still a stadium, for example having to go between and transfer patients from one side of the stadium to another, across the tracks. This really puts into perspective the difficulties in Britain of hospital buildings getting old, or not being built correctly to purpose. To me it proves that available provisions and location are not barriers to providing good healthcare, and if something seems difficult there is normally a way round this.

Presenting problems can differ both in their nature i.e. the pathology and in the way in which the patients express their concerns. For example I saw a case of legionella for the first time, something that would not cross my mind for a patient with flu like symptoms in Britain. Patients present to clinic more

expecting you to lead the consultation and prescribe them medication rather than the 'patient centered clinical interview' (McWhinney et al. 1984), more common in the UK. However it was the similarities between patient presentation that surprised me the most. Perhaps this is due to having spent my training in East London, where a large number of patients are not British and have not been brought up with the NHS. Furthermore the large number of patients with South Asian heritage in London is also present in St. Lucia, as well as the South Asian and Caribbean predisposition to type two diabetes and hypertension, amongst other conditions.

Despite there being volunteers there are also many permanent members of staff. On top of this many of the volunteers will return to the hospital regularly so are already aware of how the system works and know other members of staff. I feel the main need for volunteers is for consultants or registrars in sub specialities that are not required throughout the year but can see specific patients when over. For example there are several ophthalmologists, who are able to investigate and treat diabetic and hypertensive retinopathy. The idea of everyone subspecialising beyond 'internal medicine', or perhaps subspecialising slightly more in surgery, is something not done by many of those working in St Lucia. I believe this is because 'internal medicine' is a speciality within itself, and furthermore there is not the patient load to require permanent staffing of e.g. separate endocrinologist, paediatric ophthalmologist etc.

My experience at St Jude's has been very valuable and given me a better insight into medicine in a different culture with a different healthcare system in place. I feel I am now more aware of the importance of the history and clinical examination and not relying too heavily on investigations that cannot be done by the bedside. I believe this will help me when working in foundation years to form as accurate a differential diagnosis as possible rather than getting bogged down with tests too early. I feel a greater appreciation for the NHS and in the current political climate in Britain this makes me all the more worried about losing the public healthcare system that I believe is so great.