

## **ELECTIVE (SSC5a) REPORT (1200 words)**

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

I chose to do my elective in St Lucia, an island in the Caribbean. There are two main hospitals on the island, St Jude Hospital and Tapion Hospital, the latter of which is private. I spent 6 weeks at St Jude, which is a Government Statutory Organisation, meaning most funding comes from the department of finance. The actual hospital building burnt down in 2009, therefore care was relocated to George Odlum Stadium in Vieux Fort, with construction still ongoing at the old site to get the old hospital up and running. Walking around the stadium on the first day was incredible, as the track, which runs between two stands, is still in use for training; the makeshift hospital is under the stands, with the wards and two theatres are located on one side, and Emergency Department, clinic, laboratory and radiology on the other. Though the care is part public, the hospital heavily relies on donations and volunteers, and patients have to fund services like INR checks, fortified supplements, certain drugs like clexane and supportive machines in Intensive Care. The departments in the hospital are divided into Internal Medicine, Surgery, Emergency Medicine, Paediatrics and Obstetrics & Gynaecology. This differs greatly to the UK as internal medicine and surgery are further divided into sub-specialties, with patients being assigned to specialist wards from A&E or AMU. In St Jude, the internal medical team, to whom I was attached for the 6 weeks, admitted all medical patients, therefore each inpatient diagnosis could vary great.

Diabetes mellitus type II and hypertension are very prevalent in the Caribbean, which may mostly be due to genetics given the Afro-Caribbean population. Almost every patient we saw had either diabetes or hypertension or both; a lot of the patients also had end-complications of these diseases, at what seemed like a higher incidence than the patients I have encountered on placements in the UK. This could be partly due to non-compliance, as a lot of patients either did not take the drugs as prescribed, or did not have the money for certain medications. This was also made worse by the staple diet in St Lucia, with typical meals containing lots of starchy carbohydrates such as plantain and roots like dasheen. It was interesting to speak to patients in clinics and gather their health ideas; it seemed that many preferred to use drugs to treat their uncontrolled hypertension or hyperglycaemia, rather than addressing nutrition and exercise. What also was interesting to see was the similarity in socioeconomic conditions that can worsen the progression of these diseases- for example, fruit and vegetables that were sold in the supermarkets were surprisingly expensive, and the cheaper snack foods contained a lot of sugar and salt. There were also 'Western' fast-food chains such as KFC and Dominos in Vieux-Fort; this holds parallels with the chicken and chip shops in East London, which sell cheaper, easier to handle food that is much more unhealthy than more expensive alternatives. There were a few cases of infection with dengue and legionella; these were new to me as I have read about the diseases but not actually encountered any patients with the disease. It was interesting as the patients presented either with flu-type symptoms or septic, and these organisms were not something that I considered could be the cause. What did surprise me was that we did not see more patients with disease caused by organisms that exist in tropical climates; this could be due to good management in primary care, or by better hygiene conditions to help lessen the spread.

The system in the hospital is not computerised therefore all patient notes, orders and referrals are handwritten, including replicating patient identification information on all relevant paperwork. As the hospital was in a stadium and reconstruction of the old hospital was still underway and being paid for, many things were not available on site; patients would have to do certain blood tests like urea and electrolytes at a private lab and CT scans a ninety minute drive away at Tapion (the private hospital). Things would often not work at the St Jude such as the X-ray machine, meaning that investigations

were often delayed; this gave me a greater appreciation of being able to order the majority of tests at the click of a button. Given that the investigations were limited, the doctors had adapted their clinical skills to be able to diagnose patients with the limited resources available; this is something which may be lacking slightly in younger generations of doctors, as we may often rely on multiple tests over clinical signs to guide diagnosis.

There were clear differences between St Jude Hospital and hospitals run by the NHS in the UK. Treatment pathways for hypertension and diabetes were not the same, with medications such as metoprolol being used to manage hypertension. There were also differences in how the team of doctors are set up; in the UK there are teams led by one consultant, with one or more registrars and junior doctors looking after patients. In St Jude, there were more than one consultants in each team, multiple senior house officers and interns (F1 equivalent); I found this system did work in St Jude as there were only two medical wards of 8 beds and ICU holding two beds, however our system of divided patients up between different consultants is definitely more efficient for larger inpatient numbers. What I found the most strikingly different between St Lucian healthcare and the NHS is the relationship between the physicians and the patients. In the UK we focus on patient-centred care, with physicians being encouraged to enable patients to have an active part in managing their health. The health attitudes in St Lucia seemed more like the old, paternalistic practice of medicine, where there is less focus on patients' ideas, concerns and expectations, and more on patients doing as their told by the healthcare professionals; which I think may also contribute to the non-compliance described above.

Overall I am very grateful that I had the opportunity to experience healthcare in St Lucia, in a hospital like St Jude in such extraordinary circumstances. It has given me a deeper appreciation of the healthcare system I use and will be working in, as I can take for granted the access we have to so many resources and not having to tackle issues where patients may not receive the best care as services may not be available or they may not be able to afford it. The similarities and the differences show how great healthcare can be, and how much more there is to be done to give everyone equal access to a good quality of life.