

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

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

**On the whole, the health conditions that affect the population of the Isle of Man are very similar to the health conditions affecting the UK. Many of the inpatients on the respiratory ward were admitted because of exacerbations of COPD, asthma and pneumonias. The respiratory team also held outpatient clinics, which dealt with a vast array of conditions. Of the patients I had seen consultations with, or who were discussed, I saw Duchene's muscular dystrophy, lung fibrosis, TB, asbestosis, asthma, bronchiectasis, COPD and lung cancer. Comparing these presentations to London hospitals, I would say that the patients are just as varied in their diseases, but rarer diseases occur in much smaller patient numbers than in larger cities. This means that the doctors on the island must have a much broader knowledge base than the doctors in tertiary centres as they may be asked to treat any of these diseases, rather than referring them to another doctor within the hospital who may have a special interest in these rarer presentations.**

**Nobel's Hospital is in many ways different to any London hospital, in terms of health provision. The hospital has much of the diagnostic equipment of a District General, such as Homerton Hospital. The Island even has its own hyperbaric chamber. That being said, many of the specialities that I would expect to find in these hospitals, such as oncology or dermatology, are unavailable locally. Getting access to outside services often means an unpredictable wait time, as physicians visit the island at different frequencies or patients may need to be referred on to care at Liverpool or Manchester trusts. The lack of these services leads to some strange patient placement in the hospital. For example, one of the patients on the respiratory ward was a cancer patient who, a week previously, had a picc line inserted in order to start chemotherapy. During the procedure she felt a sharp pain and it transpired that she had developed a pneumothorax. In London I would expect this patient to remain with the oncologists, with respiratory input, until this had resolved and she could start her chemotherapy. However, on the island the oncologists are only visiting and therefore she was admitted under respiratory and then when it had resolved she was discharged and had to contact the oncologists to enquire about starting chemotherapy. I have thought for some time how this unavailability can affect the care patients receive. Although these waits for visiting physicians may seem detrimental to patient care, it is easy to see them and I think that there are many hidden barriers to care in London, with clinic waiting lists getting longer and much less plasticity in the system. On the island, if the care of a patient is deemed an emergency and waiting is not an option, then telephone advice is always available and with small enough lists that it is possible to visualise and prioritise certain patients.**

**It is difficult to say how a rural lifestyle affects the population of the island. A large percentage of the population have either moved to the island from another country (mostly England) or moved away from the island in order to seek work or education, and have moved back. This means that the vast majority of the population have not had a lifestyle singularly influenced by the island. Most of the health conditions I have seen have been similar to those in the UK, although it is extremely difficult to find official figures to support this observation. Therefore, any thoughts on this subject have been assumptions based on observations or anecdotes from staff members. During the past 3 weeks on the island, I have been involved in many outdoor activities. I have noticed an unusually large number of people speed walking, and have come across 3 separate charity walks. I have also been made aware**

of a challenge walk around the island, taking in all of the parishes, called The Parish Walk. This is a timed walk, with the aim of completing it in under 24 hours, although many finish before this time. I have, however, seen far less people running. I therefore wonder whether this walking, charity walks, Parish Walk is similar to the current trend for running in England, with many more people competing in weekend 5km runs and going on to train for a marathon.

In many ways, working in small communities can be much easier than working in large cities. It is easier to build relationships with other doctors within the hospital as well as GPs and practice staff on the island. This allows doctors to know how to tailor referrals and self-care plans based on the expertise. I found this, for example, in the nurse specialist clinic for COPD. The nurse asked which practice the patient had come from and what frequency she was seeing the practice nurse. This allowed her to confidently discharge her from the clinic as she knew she would be adequately supported with that particular practice nurse. A smaller population, however, can mean it is much easier to come across patients in the outside world and a certain amount of tact is needed for this situation. A doctor recalled to me how she met the son of a patient on a flight off the island recently, and in order to avoid talking about her treatment for the entire flight she had to use just the right amount of polite acknowledgement.