

ELECTIVE (SSC5b) REPORT (1200 words)

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

My second placement on the island was based on a general medical ward, with the consultant specialising in haematology and oncology. I found that the patients on the ward were very similar to those on a general medical ward in London. Many of the patients came in with infections, such as pneumonias, or non specific symptoms such as back pain, leg swelling or new onset confusion. I found, however, that the patients that attended the haematology clinics were very different. I did my haematology placement at Homerton Hospital and a large amount of time was dedicated to sickle cell patients, with most of the haematology ward being occupied by patient recovering from sickle cell crisis. On the island the majority of the haematology patients were lymphoma/leukemia patients or patient with different myeloproliferative disorders. This difference in patients conditions is due to the origin of the patients in each of these areas. On the Isle of Man the majority of the population is caucasian whereas the east of London has a very varied population with many people coming from areas where malaria is common.

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 it's 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. On the whole the patients on the general medicine ward are not affected by the relative lack of speciality doctors on the island. It is only when patients are more complicated that it would be useful to have the input of doctors from the UK. One patient, for example, came into hospital because she had lost power in her legs. It was found that she had lesions in both the lumbar spine and the cervical spine. At this point it was decided to keep her immobile to reduce the risk of quadreplegia. However, over time it became obvious that this wasn't a long term solution and the team needed to clarify the risk in order to try and give her the best quality of life possible. After an MDT in Liverpool and telephone advice sought from neurosurgeons, it was decided that she should be mobilised to allow her to be put into a wheelchair and be able to leave the hospital with her family. This information took a long time to trickle through and a few days had passed before a discussion between the doctors, occupational therapy and the nurses happened to try and work out a plan for testing mobilisation. I feel if the neurosurgeons were based in the hospital and had seen the patients early on there would have been a more concrete plan in place and she could have been sat up much earlier with continued input from them.

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.

During my time on this ward I have seen that one of the most precious resources on the island is good quality residential and nursing homes. When I first moved over onto this team a very large proportion of the patients on the ward were waiting on placements in nursing homes or for care to be put in place. The difference in legislation between the UK and the Isle of Man means that this issue can not be forced in the same way that it can in UK hospitals and the decisions on care homes must be left to the family to do in their own time. This means that it is incredibly important for the doctors here to be able to cooperate with the family of the patients and help them come to decisions about the future care of the patients. I have sat in on many meetings with families, more so than I have seen in hospitals in London and elsewhere, discussing the likelihood for recovery from the current state and what is in the best interest of the patients. Over the last 2 weeks many of these patients have now been moved onto somewhere more suitable for their needs. If the families had felt dissatisfied with these meetings where the risks of staying in hospital were explained, then these patients may have spent more unnecessary time in hospital.