ONCOLOGY.

MEDICAL ELECTIVE IN THE BAHAMAS

I chose to go to the Bahamas for my medical elective and to split my elective over two subjects, oncology and accident and emergency. I started my elective in the oncology department of the Princess Margaret Hospital, a state run hospital in downtown Nassau. The oncology department was very busy and I could see that the doctors had many patients to see in one clinic. I was introduced by the education department from the University of the West Indies to my consultant supervisors who gave me an induction which included a timetable of all the clinics the oncology department runs and then a tour of the department. I was told most clinics ran in the mornings and in the afternoons there would be ward rounds that I should attend. On Monday and Thursday mornings they held the medical oncology clinics, on Tuesdays the gynaecology oncology clinics and the haem-oncology clinics were scheduled on Wednesday mornings. Friday mornings were for radiation oncology planning. I was very interested to see all the different types of patients that presented to the department. Over my time in the clinics I realized that many of the patients tended to present very late as they had tried "bush medicine" before coming to seek medical help. One patient presented with a hugely enlarged thumb that measured approximately 10cm by 8cm. It turned out to be a malignant melanoma and on more detailed examination of the patient, you could see lumps of metastatic melanoma all the way up his left arm and on his chest. The patient was obviously cacaexic so I knew on initial observation it was highly likely he had a carcinoma, however it was quite shocking to find the metastatic lumps of melanoma up his left arm and realize how late the patient had presented. It makes me think that more should be done to promote public health in the Bahamas. I saw another patient in the haemato-oncology clinc with a cutaneous manifestation of graft verses host disease after having had a bone marrow transplant because of his aplastic anaemia. I saw a patient in the gynaecology oncology clinc who had come in to collect her results after having had a smear test. She was so anxious, she started to cry. It was good to see the doctor in charge calm her down and use good communication skills when explaining to the patient that she had mild changes to her cervix but that it was not cancer, however she would need to have a small area of her cervix removed to prevent the chances of the changes becoming malignant in the future. I also had to clerk and perform speculum examinations. On one of the days I was taken to the radiation oncology centre to observe a patient being worked up for radiation therapy due to their breast cancer. This was interesting as I did not realize how complex a process it was and that many MDT members were involved. Over the time I spent in the oncology department I learnt that the patient to doctor ratio is much higher than in the UK. This makes oncology in the Bahamas very challenging. Moreover, there is no NHS so patients have to agree to pay for their treatment before they are given the healthcare they need. I find this hard coming from the UK, where treatment is free at the point of delivery. One way the doctors and patients work around this system is by telling the patient to give a small amount straight away and pay the rest slowly, unless they pass away and then the government pays. On ward rounds, I saw many interesting oncology patients. One patient presented with anaemia and I was asked how I would work this patient up. It was good to be put on the spot!

By Emily Button MBBS 2011

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When I started the second half of my elective in the emergency department I was excited to see what patients I would see. On my first day I was assigned to the trauma room. As part of the trauma team, I had to assess patients who came in and help with any practical procedures they needed. I had to take blood from a man who presented with suspected ACS. In comparison with the UK, I had to use a syringe method in the Bahamas whereas in the UK I would use a vacutainer method. I also had to insert a catheter to relieve a man who presented in urinary retention. It was great to get hands-on and help with each patient to improve the care they received. The doctors in the emergency room followed their patients to x-ray and CT. This was interesting as in the UK patients are taken for their investigations by hospital porters. I also saw patients who had come in with severe trauma. One man had been ejected from his car seat after a head-on collision with a lorry. He came in with several broken ribs, including a broken first rib, indicative of high energy trauma. He had a pneumothorax which I was able to diagnose having looked at his x-ray. In the UK, there are not many opportunities to see a pneumothorax on a chest x-ray as they tend to be treated straight away so I felt this had been a good learning opportunity. The man also had a piece of metal sticking out of his leg which looked very painful. It was great to learn about the management of a patient with severe trauma. I was also able to witness a patient who had come in with DKA. It was interesting that the ABG for this patient had to be sent to the nearby private hospital as there was only one ABG machine in PMH which wasn't working. Difficulties such as this must impact on the quality and efficiency of patient care. This example highlights the differences in third world and first world healthcare and makes me realise how lucky patients are in the UK to have a healthcare system equipt with technology vital for optimum patient care.

Overall, I have really enjoyed my elective in the Bahamas. When I had time off from the hospital I was able to relax on the beach, travel to the different islands off the Bahamas, swim with dolphins and generally have an amazing time! My elective has broadened my view of healthcare across the world, given me a great life experience and has inspired me to become the best doctor I can be.

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