

**Introduction**

I carried out my elective placement in Mount St John’s Medical Centre (MSJMC), Antigua. I was there for four weeks in the department of internal medicine. My main duties were to attend morning ward rounds and then to follow up any patients that were of interest to me or the teams I was placed with. I also shadowed an SHO whilst he was on a night shift, where I saw admissions and clerkings in the Emergency Department.

I stayed in a local apartment that was 10 minutes’ walk from the hospital for a very reasonable price. Once my placement was over, I spent the last few days in Jolly Harbour. If anyone reading this is thinking of doing an elective in Antigua/MSJMC, please feel free to contact me for an opinion, including useful contacts ([j.lazari@doctors.org.uk](mailto:j.lazari@doctors.org.uk)).

**1) Describe the pattern of cardiovascular disease and illness in Antigua, and compare it with the UK prevalence of cardiovascular disease..**

Mortality from cardiovascular disease (CVD) varies on country and for a number of reasons. Firstly, the prevalence of known cardiovascular risk factors differs on country. Significant cardiovascular risk factors include smoking, diabetes, hypertension, hypercholesterolaemia, advancing age, a previous family or personal history of CVD and reduced physical activity. Therefore, those countries that have higher rates of these risk factors are more likely to have higher rates of mortality from CVD. It is obviously not that simple and other risk factors and variables come in to play. Secondly, the socio-economic status of a country is known to alter mortality from CVD, with the rates of death falling as the socio-economic status rises.

The WHO has data from a lot of countries on their rates of mortality from CVD, as well as the prevalence of smoking and diabetes. There are limitations to the data, and whilst most countries included have developed healthcare systems with cause of death registration and epidemiological data collection, the quality and validity of this data is not always guaranteed. There is no specific mention if the data for Antigua & Barbuda is considered reliable or not. I’ve also calculated the percentage of the population dying from CVD to make comparison easier. The data is as follows:

Country	Population	Number of deaths from CVD (2002)	Percentage of the population dying from CVD	Population over 18 years who smokes	Population over 20 years with diabetes
Antigua & Barbuda	73,000	52	0.71%	-	7.3%
UK	59,068,000	120,530	0.2%	34.6%	3.9%

It’s a shame there is no data on the prevalence of smoking in Antigua, given its significance as a cardiovascular risk factor. However, its omission doesn’t stop us from seeing the increased rates of mortality due to CVD in Antigua compared with the UK. Having spent four weeks, subjectively there are higher rates of diabetes, and this is reflected in the data. No doubt this has an impact on the rates of CVD in Antigua.

As previously stated, the other factor contributing to CVD mortality is socio-economic status (SES), and the picture in Antigua is very complicated. It's economy is supported very strongly by that of tourism and service based industries. As such, there are parts of the island that are very wealthy due to the concentration of high income tourists and travellers. However, the rates of poverty in the country are very high. For example, an indicator of poverty used is the percentage of the population who are deemed "at risk" of poverty. This includes those who are already below the poverty line, as well as those who are close to it. In the UK, we have an at risk rate of poverty rate of 17.1%, whilst in Antigua and Barbuda, it's 28.3%. Again, I suspect this in part will contribute to the higher rates of CVD mortality in Antigua compared to the UK.

**2) Describe how health resources are allocated across Antigua, and compare it with the NHS model in the UK.**

Antigua has a semi-funded health care system. In my time I realised that those aged over 65, and those with certain chronic medical conditions were entitled to claim their medicines for free from "Medical Benefits". Also, trips to the Emergency Department were free as well as the subsequent treatment. However, any on-going prescriptions or treatment would need to be paid for. Medical Benefits is funded by a national contribution, I guess in a way similar to our National Insurance, although I presume on a smaller scale. The set up worked well for the country, and citizens seemed well informed about what they could and couldn't have access to. However, there were a few interesting experiences and situations that would not happen in the UK's NHS system. For example, a pregnant patient suffering from recurrent DVT's required treatment with Clexane™ in an attempt to prevent further clots and possible complications. Whilst in hospital, this was fine, but once she left, she would need to have funded this herself, at a cost of approximately £8 per day. With 20 weeks left of her pregnancy, that was a total cost of around £1120. This was money she simply didn't have, and she was left in a very awkward situation facing some very difficult decisions.

I'm keen not to sound like I'm putting down the healthcare system or resources of Antigua as my experiences there were positive. MSJMC is a well funded and equipped modern hospital, with most of the resources we have available in our biggest teaching hospitals in the UK. The consultants were fantastic doctors who ran good teams in very similar ways to what I'm used to in the UK, with MDT morning ward rounds creating a jobs list for the, house officers (interns), SHO's and registrars (residents) to deal with.

**3) Learn the local standards for the management of patients in various clinical presentations in Antigua, with the idea of bringing back "best practice" ideas to the UK.**

There were a huge number of specific conditions that had their own specific management plans available in MSJMC. As mentioned before, their healthcare teams operate in a way very similar to the UK. However, due to the high rates of stroke in Antigua, the ideal algorithm for treatment seemed to me to be very effective. In particular, there is a strong focus on not reducing a patient's blood pressure to quickly following a stroke. This is to promote cerebral perfusion via a higher cerebral perfusion pressure. Whilst I was aware of this fact in the UK, I didn't feel it was as

seriously considered in the UK as it was in Antigua, and this is certainly something I will remember and continue to employ in my clinical practice.

In fact, the management of hypertension in general is a much stricter process than in the UK. This likely reflects the country's attempts to minimise a modifiable risk factor of CVD, especially given the high rates of other risk factors such as diabetes and low SES.

***4) Overcome the challenges of operating in a different healthcare environment, with different practices and patient populations, with the aim of becoming more flexible with my clinical practice in the UK.***

I think without doubt my elective has taught me a lot about my clinical abilities and given me a great experience of what it's like joining a new healthcare team as a "doctor" and not a medical student. I now feel more confident that I can successfully join and be a helpful part of a team in a hospital, which comes at a perfect time as I'm about to start work as a FY1 in August.

In terms of flexibility of clinical practice, I again was faced with a number of these challenges during my four weeks. For example, there were no sterile sputum pots in the entire hospital for a few days. However, there were a number of patients who were in respiratory isolation wards that needed to have tuberculosis ruled out before they could be moved onto an open ward. Obviously, without a sterile sputum pot, this was a difficult challenge. However, the team worked flexibly, and instead decided to get Mantoux tests and chest x-rays on all these patients as a middle ground to satisfy themselves that they were clear of TB. This flexibility and lateral thinking was good to see and I hope I can incorporate it in my clinical practice.