GENERAL MEDICINE

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Elective Report

I undertook my elective at Milton Cato Memorial Hospital in Kingstown, the largest town on Saint Vincent. My placement was in internal medicine. The team consisted of one consultant, with one registrar and from time to time one other doctor in training. The consultant did ward rounds every day except Mondays when he ran clinic; and there was one other team of the same size. The patients were assigned to consultants dependent on whose juniors were on call in A&E, as the doctors on internal medicine also generally covered this.

Objective One:

I expected to see people presenting much later in their disease course, and have their diseases complicated by tropical infectious disease. Even though I was expecting this, I was initially taken aback by how unwell many of the patients were when they presented, either to the clinic or the ward.

I believe that I saw more clinical signs in my time at Milton Cato than I have seen in the entire final ear. Some examples that stick in the mind are as follows. In clinic I saw a young man with a history of childhood rheumatic fever, known well to clinic and coming for a check up. He had loud murmurs throughout the praecordium, which were very difficult for me to distinguish, but he had many peripheral signs of aortic regurgitation, most notably de Musset's sign, which I had never seen before. The same day, another young man known to have nephrotic syndrome came into the clinic having returned from England where he had had no access to his medications. He had widespread itching and a rash on his face – a uraemic frost. Finally, an elderly gentleman presented with a fall and loss of consciousness. He was aphasic, had increased tone in his legs and arms, and had ankle clonus, another sign I had never seen.

With regard to tropical disease,I saw an elderly gentleman admitted unwell secondary to lymphoma, which was HTLV1 positive. Although I had heard of HTLV1 in the context of my BSc in Infectious disease, I did not know it complicated or caused cancer, and that it was endemic in the Caribbean.

Objective 2:

Although many of the problems, particularly those related to alcohol and diabetes, are very similar to those seen in the UK, patients had much poorer access to health information and primary care. For instance, when someone is newly diagnosed as diabetic in the UK, they are inundated with new information about their condition and offered consultations with dieticians and specialist nurses In St. Vincent the provisions and set up of the health care system do not make patient education a priority.

Additionally, the make up of the team was very different to that of the UK. The team covered all medical specialities, as there were no sub-speciality consultants

at the hospital. They had visiting doctors, such as nephrologists and haematologists who visited from Barbados and Cuba, but in general the two medical teams took care of everything, including the very small and poorly equipped ITU.

What really struck me was the care that stroke patients received in comparison with that in the UK. There was no stroke team, and no capacity for specialist investigations, such as angiography or easily accessible CT scanning. Stroke patients were nursed on the general wards, and although efforts were made to turn patients regularly, all of the beds were extremely old, with normal household mattresses on them, putting patients at very high risk of ulcers. If patients were difficult, or had a tendency to wander off, they would often be tied to the beds. I found this shocking. I felt that nursing standards with regard to these patients was very poor, not due to lack of compassion, but due to lack of quality resources and training.

I was also shocked at how regularly the hospital ran out of medication. Often only one antibiotic was available and it would be prescribed regardless of the causative organism. I was not expecting this, as St. Vincent is not a very poor country. I was made to understand that the lack of medications was not generally a financial problem, but an organisational one.

Objective 3:

I wanted to realise the difficult when expensive opinions and investigations are not readily available. Having done many firms in large hospitals such as the London, Queens and Broomfield, you get used to teams simply picking up the phone and ordering expensive tests, or making referrals to other specialities. This was simply not an option at Milton Cato. Referrals were often made to places like Grenada or Barbados for things like MRIs, echocardiography or surgical interventions, but this was all done privately and at a cost to the patient.

Throughout my time in Milton Cato I was constantly reminded of how lucky we are to have an organisation such as the NHS in the UK, and have world class healthcare free at the point of access. I hope that I never take this for granted, and I have now seen how badly patients are affected when these resources are not available to medical staff.

Objective 4:

At times I did not enjoy the placement, for example witnessing patients tethered to their beds was fairly distressing for me. When I questioned it several times, people seemed shocked that I found it odd. Patients who were difficult were often heavily sedated as well. I found it difficult to reconcile with myself about it; I felt I should have been more proactive in improving the welfare of patients, but this would be impossible with such poorly trained nursing staff. In general the medical

care was good, but extremely lacking in resources. Running out of basic drugs, such as antibiotics, painkillers and ACE inhibitors is fairly alarming, especially as the hospital serves such a large population. I also thought that the hospital building itself was not fit for purpose. I think part of the reason that I was so taken aback by all of these things is that I was not expecting it. I had been to other places in the Caribbean before and their healthcare provisions were much more similar to the UK.

I think that going to St. Vincent was a very good experience for me, and although at times I found it very difficult and even upsetting, I think I learnt a lot. I also appreciate much more the fact that I have received my medical education in the UK, and that I am going to work here. I am glad that we have such excellent nursing care in this country, because now I have seen the consequences when nursing care is poor. I hope that things improve in St. Vincent in the near future, for the sake of the people who live there, and who need to use the hospital. I have no doubt that the staff that work there are trying their best with very limited resources, and in no way wish to diminish the work that they do. Everyone was extremely hard working, friendly and helpful. It is however, unfortunate that standards of care are not as high internationally as they are in the NHS.