

## Elective Report

I was fortunate enough this summer to complete my elective placement in Barbados, specialising in ENT for a two week period at the Queen Elizabeth Hospital, Bridgetown, Barbados. I decided to choose ENT as it is an area which I can admit to having the least exposure to in the UK even though many of the common and general conditions I may encounter in my first two years of work will most likely involve some ENT conditions or have an ENT background. It was therefore important to me to use this time to be able to identify common ENT conditions, understanding their presentations and pathophysiology as well as knowing and being familiar with the common treatments.

The placement was a mixture of clinics and surgeries both giving me an opportunity to hold discussions with the team regarding the cases we were faced with as well as being able to see the patients first hand, taking histories and being able to fine tune coming to a differential diagnoses within the area.

One of the most common pathologies in Barbados in ENT is thyroid disease being followed closely by tonsil pathologies both of which were recognised to be the case by many a consultant we came across, but yet many had little or no explanation as to why this was the case. Tonsillectomies were therefore routinely performed, which in itself is a contrast to the UK as from my own clinical experience these are not routinely performed. This was really due to the fact that there was a difference in numbers when it came to indications, for example the criteria in Barbados for a tonsillectomy are:

- >2 (4\*) retropharyngeal abscesses
- >4 (5\*) episodes of severe tonsillitis a year
- Peritonsillar abscess
- Suspicion of malignancy

(\*UK figures)

The background behind the reasoning of the UK's more conservative approach lies within a series of clinical trials which confirmed that in fact it is better to keep tonsils as long as is feasible in order to avoid the many complications, alongside the fact that

many cases do not require a tonsillectomy.

This is not to imply that in Barbados tonsils were removed ad hoc but it solely highlights the difference in approach to this very common problem.

The most prevalent pathology however as mentioned above was thyroid disease as the most common surgery I witnessed without a doubt was goitre removals of a very significant size. I was fortunate enough to be able to come across many patients presenting with thyroid disease in clinic where I was able to take a history of the presenting complaint, examine and present my findings to the consultant. Many patients presented with very typical findings of hyper/hypothyroidism and the same investigations and thought processes that I expected in the UK were carried out in the clinics in Barbados.

Patients were prescribed familiar treatments such as carbimazole and propranolol and were sent for diagnostic tests based on similar if not equivalent protocol to that of the UK; for example, on findings of thyroid nodules for example patients had blood tests, ultrasounds and fine needle aspirations taken.

It was particularly useful and insightful to be able to observe patients coming in with not only very common pathologies but also very complicated illnesses. One case that stands out is that of a young man who had been diagnosed with neurofibroma disease and had been under the consultants care since he was a child, presenting with benign but multiple nodules which had appeared superficially as well as on the vocal chords causing significant damage to them and causing a particular change in his voice. Unfortunately, more recently it was discovered that both his mother and father carry the disease and there was furthermore a new growth on the brain causing a fair amount of compression and neurological deficit. It was not only a particularly unfortunate situation to witness but it was an insight into the patient doctor relationship in Barbados. It came across to me that actually empathy, patient centered care and confidentiality are universal concepts within medicine.

This elective was an invaluable experience, giving me the opportunity to appreciate the differences but more so the similarities in practice of medicine in the UK and Barbados. As a nation who is facing much financial difficulty in terms of our own National Health System, it is easy to take for granted the relatively unlimited resources we have at our disposal.

It was evident in Barbados that as much as the practice and protocol was very similar, it was important to make use of each resource efficiently and carefully, and that therefore

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many of the doctors had pull on their own medical knowledge and proficiency to ensure that one they were not wasting any resources and two that they were able to make accurate diagnoses on equipment or results that may not be considered advanced in our view.

Yet there was an overall sense of comradery and integrity amongst the doctors that I met, both to their patients and amongst themselves making me reflect on my own future practice and appreciating the opportunity and resources that are made available to me.

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