

ELECTIVE REPORT

My rotation on elective was changed from paediatrics to surgery when I arrived so I have altered my original objectives accordingly.

1. Describe the specific challenges presented to general surgeons by local patterns of health in St Vincent

On my elective in St Vincent I was placed at the Milton Cato Memorial Hospital and I worked with the general surgical team. During my time there through taking histories from patients, speaking to the medical team and observing ward rounds, I very quickly became aware of the high prevalence of diabetes on the island. From my studies in London I had learnt that the disease has a higher prevalence in the African-Caribbean population and this was very evident on the island. It is also important to note that along with the high prevalence of the disease I noticed that the cases of diabetes were often very poorly controlled. There did not seem to be the same level of information to educate patients as there is in the UK and as a result I saw many patients who were suffering with the complications diabetes can bring.

The effect of the diabetes and the associated complications on the surgical practice on St Vincent was evident. I saw a lot of patients who were being treated for peripheral vascular disease, a complication of diabetes. In my whole medical training to date I have not seen so many amputations or ulcers before, and this was on a general surgical ward. Another complication of poorly controlled diabetes is that of poorly healing wounds. I could count on one hand the amount of patients who weren't being treated for either peripheral vascular disease or a poorly healing wound. Although I have been aware how important optimum management of Diabetes is, seeing the complications first hand has given me an insight to the life altering complications that diabetes causes and this will help to always highlight the importance of effective treatment of the condition.

Heavy Alcohol and Drug use on the island was also evident. The main way in which I observed this in the hospital was the high number of patients who had been involved in violent crime. I saw three people who had been shot and heard numerous cases of others involved in Machete fights. Although these were not always related to drugs, the island has a big drug problem and it fuels a lot of the crime on the island.

2. How does the provision of surgical care differ in St Vincent to that in the UK

The provision of surgical care in St Vincent was very different to that in the UK. In St Vincent patients were required to pay for hospital stays and operations, however the hospital would charge the patients following their operation and while some could afford it and would pay, the poorer patients who were unable to pay often managed to get the service for free as the hospital said it was often unable to chase patients up who were in debt and the patients were always treated irrelevant of previous billing issues and socio-economic status. Although this meant that most could access health care it was obvious that the hospital was very short of money and a better financial plan surrounding their health system could really benefit their hospital.

Greatly linked to the above was the standard of the facilities in St Vincent. The operating theatre itself was very impressive and in many ways similar to those that I have experienced in the UK. However the main difference I noticed was in the production and maintenance of a sterile

environment, whether in theatres on the wards. Doctors and nurses would bring in scrubs from home to the theatres, there was no alcohol gel around the beds and although there were sinks these were few and far between. Another sign of the lack of funding was that the doctors were aware of the best drugs to give patients but would often check to find that the hospital didn't have the stock and they would have to choose an alternative medication.

3. What were the attitudes of the locals towards health care and how did this affect health on the island?

In England we are working to educate the nation in matters of health and we have a whole public health sector to promote health awareness. The lack of this service was evident in St Vincent; the patients appeared to have very little insight into their conditions. This was particularly evident considering that many of the conditions I saw were linked to chronic medical conditions, such as Diabetes and Peripheral vascular diseases that require good management to avoid the complications that such diseases bring. I think this was one of the main reasons why I saw complications from diseases at a level I'd only previously seen in textbooks. It really highlighted the importance of educating and empowering patients to take control of their own health.

4. Describe the experiences on this elective that I will remember and use to help me during my medical career.

The Staff at the hospital were all brilliant at working in difficult conditions, on many occasions tasks were made more difficult by not having exactly the right equipment or working in an environment that made things more difficult, such as having 2 consultations at one time in a clinic room. However the staff never once complained and tackled any issue with good humour and often without batting an eyelid. I'm sure at times I will be working in less than ideal conditions and it's good to remember that although we always strive for the best, during the working day the best thing is to just make the best of the situation, and the if you can influence it later do it then.

Another area that made an impression was the working hours these doctors put in. Because it is a small Island and there are not a lot of Doctors, it meant that the registrar was on call every other night, the juniors worked long days and seemed to have fewer days off. Although we still work long hours in the UK with the introduction of EWTD we definitely have to do less than in some parts of the world. It will be good to try and remember this after a succession of long days as a first year doctor.