

## Elective Report

In April and May 2014 I undertook my elective placement at Clinica Esperanza, on the Bay Island of Roatan in the Caribbean, part of Honduras. Roatan is a small island of XXX miles long, and XXX miles wide which was ceded to Honduras from British rule in XXXX. Since then the island has had mixed fortunes with economic decline, lack of a prime export or industry, though a slow growing tourists sector. The introduction of an international cruise ship terminal in XXX now brings almost XXX tourists to the island each year, but despite this the typical Roatanese local is desperately poor. Healthcare on the island is very basic and consists of a public hospital in Coxen Hole, and several charity run clinics such as Clinica Esperanza. Our trip began with a tour of the public hospital in Coxen Hole, a very sobering experience. The hospital is in a terrible state of disrepair, with leaking pipes and huge areas of the hospital waterlogged or damp. There is limited electricity throughout resulting in dark and dingy wards and corridors. The wards themselves were little bigger than a school classroom, but contained up to 6 bed, often end to end or side by side, with soiled sheets and extremely rudimentary facilities. The O&G department for example consisted of one room with two chairs in it facing each other, often on one would be a mother in labour whilst the other contained the patient on the gynae list which would include TOP and post-miscarriage patients. These patients were in direct line of sight of each other, a terrible situation for the psychological health of the patients.

In 2001, after 14 years of coordinating volunteer medical and dental mission teams to Honduras, an American Nurse named Peggy Stranges permanently relocated to the island of Roatan. As a nursing volunteer on Roatan, Peggy had been acutely aware of the critical need for health services and made it her goal to help the people of Roatan to obtain accessible medical services. Clinica Esperanza started at the kitchen table of Nurse Peggy. Over the years, it expanded, first, to the apartment beneath her home, then to 4 rooms at the nearby Son Rise Calvary Church, and finally into a dedicated, first-class freestanding hospital currently located in a purpose built structure in Sandy Bay Roatan. Clinica Esperanza provides low-cost/no cost medical care to the people of Roatan. At the medical clinic and hospital, people receive services from a walk-in medical clinic, women's health centre, paediatrics inpatient hospital, birthing center, adult and pediatrics dental clinics with support from a laboratory and pharmacy. The clinic also provides outreach clinics, community health education programs, and school health screenings. The Clinic treats approximately 80-100 patients in a typical day usually about 60% adults and 30% children. It operates five days per week, starting at 7:30 a.m. and closes when the last patient has been seen. Services are also available 24/7 for paediatric inpatients and labour and delivery. More than 3,000 patients consider the Clinic to be their primary medical care provider. Thus far, more than 50,000 patients have been treated in the Clinic. Due to the limited number of medical facilities available, patients have come from all over the island and the mainland to seek treatment or medications The Clinic provides a greatly needed service to people who would otherwise likely not seek treatment due to costs and the crowded condition of the local public hospital.

Before departing for Roatan, I set out 3 objectives that I wanted to fulfil during my time there:

1. Describe the pattern of tropical illness and trends in general medicine across a full population demographic within a community in the developing world.
2. To observe and appreciated the approach and patterns of health provision in Honduras, and compare this to the UK.
3. To improve my clinical skills whilst being exposed to new conditions in a tropical medicine setting.

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My experiences at The Clinic were hugely varied, spending a week running the morning paedics clinic, a week assisting the lead physician, and the rest of the time running my own walk in clinic seeing a huge range of presentations. Throughout these varied experiences I was able to very thoroughly cover my objectives and achieved them all completely.

The pattern of tropical disease and medicine in the population of Roatan was typical of my expectations of a fairly isolated island community with very basic health education or facilities. There was a considerable amount of cases of STI and associated problems arising from a lack of knowledge regarding safe sex or transmission of STIs. The most prevalent of these were chlamydia and gonorrhoea of which I saw several cases. There was also a considerable number of very young pregnancies, with a lot of my paediatric cases being bought in by mothers in their teens- many of whom required counselling on basic elements of childcare such as appropriate feeding and vaccination schedules. Finally there was an element of tropical medicine that was perhaps unavoidable in the climate, and during my stay I saw one case of confirmed malaria, two probable malarial illnesses, and one case of dengue fever.

Health provision in Honduras is incredibly different to the UK. The lack of money to fund services in the community means that the only government funded facility available was the local public hospital, which was in a terrible state of disrepair and woefully underfunded and understaffed. The majority of healthcare was provided by charities such as Clinica Esperanza, which operated on a first come first served basis to provide for the community. This is in contrast to the UK where GP surgeries operate in the community and may refer to the local district general- this was not the case as there were no GP surgeries, and the community clinic was able to provide better services than the public hospital for most problems

My clinical skills were undoubtedly hugely improved during my time on Roatan. Running my own clinics and learning to trust my own judgements meant that I developed a sense of autonomy in my clinical skills and examinations which I have never before experienced. I did not need to present my findings to a senior in order to initiate a treatment plan, nor did I need to double check everything before being confident enough in my findings. The nature of the clinics mean that I had no idea what would walk through the door next and so my clinical examinations were improved vastly via my use of a wide range of them.

All in all I had a very rewarding time on Roatan, and was able to contribute hugely to healthcare provision in the communities which The Clinic serves. I estimate that I saw around 100 patients per week during my time there, with all requiring a thorough history and examination, and many requiring prescription or laboratory investigation and the clinic and as such my skills were greatly tested. There were times of frustration when I was aware that in a western hospital a far better level of care could be provided, but also a huge amount of gratitude from the local population for there being any medical service at all!