

## **Medical Elective Report**

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**Elective Subject:** General Medicine/Tropical Medicine

**Elective Location:** Clinic Esperanza, Sandy Bay, Roatan, Bay Islands, Honduras

**Elective Dates:** April 7<sup>th</sup> – May 16<sup>th</sup>

**Supervisor Name/Contact:** Dr Raymond Cherrington,  
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I undertook my elective on the island of 'Roatan' located in the Caribbean Sea on the northern coast of Honduras. Roatan, the largest of the 'Bay Islands' has a population of around 50,000 people. The island itself is around 77 km in length and 8km in width. In terms of demographics the island is made up of 3 main populations the native English speaking black African population, the Spanish speaking Hondurans who have migrated to the island and the Ex-pat population made up heavily of Americans, Canadians and Europeans. Christopher Columbus discovered the island during his 4<sup>th</sup> voyage between 1502-1504 and the island gained notoriety during colonial periods for harbouring pirates such as Jon Coxen and Captain Morgan during colonial times, using the island as a base to raid Spanish and British trade ships.

All in all, I thoroughly enjoyed elective under Dr Cherrington, Nurse Peggy and the rest of the team at clinic Esperanza. The placement provided a fantastic opportunity to put into practice the many aspects of medicine that I had experienced during my 6 years at Barts'. In terms of day to day running of the clinic I spent the majority of my time seeing Adult patients in the general clinic covering the morning shift, starting the day at 7:30am and finishing at around 2pm. The medicine was at times both exciting and challenging, taking into account the lack of health provisions, services and drugs available and also taking into account the language barrier and the use of translators during many of my consultations. I embarked on my elective knowing very basic Spanish and was able to get by due to the availability of translators however I feel that those that had a greater grasp of Spanish would have had a fantastic opportunity to both use and improve this. Many of the patients I saw did in fact speak English as triage was organised so that I would see many of the English speaking native Roatan Islanders although I did also see many Hondurans.

### **Pattern of disease/context in global health**

In terms of disease patterns that I was exposed to, there were many comparative health issues that are common to both Roatan and the UK most notably obesity, diabetes, hypertension, sexually transmitted disease and HIV. In conjunction with this there were many disease patterns that I had very rarely encountered in the UK and some that I had no experience of whatsoever, this included malaria, dengue fever and tropical parasites.

I spent the majority of my time seeing adult patients in the general medical clinic with a paediatric clinic running in tandem with some of my other colleagues. The bulk of consultations were generally made up of day to day GP

type problems, chronic disease management and medication reviews however the clinic was expected to deal with anything and everything that came through its doors and it would be common to see minor to moderate trauma, psychiatric cases amongst other areas.

### **Pattern of health provision/contrast to UK**

In terms of health provision, the availability of services and supplies at the hands of the physicians and surgeons on the island were incomparable to those I have experienced during my 6 years at both Bart's and the Royal London Hospital. With a population of 50,000 the island is serviced by 2 small clinics, one of which being Clinic Esperanza, and one small hospital in the capital city Coxen Hole. During our time on elective, the clinic lead Nurse Peggy was kind enough to give us a tour of the sole hospital on the island. My colleagues and I came away astonished. The hospital itself has no reliable running water, very little organisation apart from the general distinctions of medical, surgical and obstetric wards and few pieces of equipment at the disposal of the surgeons and physicians. In terms of imaging, very basic imaging in the form of X rays and ultrasound were available but there was no CT scanner. Patients are reliant on family and friends for much of their day-to-day nursing requirements, rehabilitation, nutrition and hydration. More extensive diagnostic imaging, equipment and surgery is available in mainland Honduras but often patients can neither afford the travel or are too unwell to embark on the journey. In terms of the ex-pat community many would seek an initial opinion from our clinic and then if they required further investigation or care would travel back to their respective countries to undergo treatment.

Another contrast that I experienced during my time at the clinic was the availability of medication on the island. Our clinic had a fairly extensive pharmacy that would provide free medication to our patients provided it was in stock. Levels of common medications tended to fluctuate with many drugs only being available in one specific dose or formulation making it a challenge to prescribe. The clinic pharmacy relied upon donations from drug companies, charities and hospitals and during our time at the clinic many common medications had begun to run low in stock or had run out. A shipment container of medicines had been blocked at the Honduran border for many months and the clinic had been given no estimated time by which this container was to be cleared.

### **Health related Objectives**

The elective provided us with a fantastic opportunity to observe and assist community/general medicine in a tropical climate as per our health related objective. We were fully integrated into the team and were able to build on the knowledge and skills obtained throughout our degree. I particularly enjoyed the exposure to tropical disease such as dengue fever and witnessing these presentations face to face was an invaluable experience that I will never forget.

## **Personal/professional Development goals/reflective assessment of activities and experiences**

As per my objectives, the elective provided me with an ample opportunity to gain a huge exposure to a wide variety of disease both familiar and unfamiliar. We were expected to see patients and formulate management plans under the supervision of our consultant. This allowed me to put into practice all aspects of medicine; history taking, clinical skills, treatment and management. My goal in particular was to continue to build on my clinical skills in preparation for starting work in August and the elective allowed me to do this. Another skill that I was able to put into practice and build upon was the use of a translator when conducting a clerking, this was at times particularly challenging. During the trip I tried to develop the very basic Spanish that I had learnt in preparation for the trip however this was not anywhere near the level required to conduct a consultation. In hindsight, it may have been advantageous to have taken some formal lessons before embarking on the elective that may have made consultations slightly easier and would have improved the doctor patient relationship.

All in all, I thoroughly enjoyed my elective in Roatan, under the tutorship of Dr Cherrington, Nurse Peggy and their team at Clinic Esperanza. I would highly recommend this placement to students in the future.