

SSC5c Elective Objectives

Describe some of the common paediatric pathologies which arise in Trinidad and Tobago as compared to the common paediatric pathologies of the UK

Although there is much overlap between what is seen in the paediatric emergency departments of Trinidad and Tobago and the UK (i.e. Asthma, Viral wheeze, Minor Trauma), there are some distinct differences which highlight the surrounding factors of disease in a Caribbean country. Trinidad and Tobago (T+T) has a tropical climate throughout the year; for half of this time the weather is between 30-35°C and for the other half there are hurricanes. Due to this climate a number of diseases arise and there is an impact on general pathophysiology.

Dengue fever is a public health concern of T+T with posters covering the walls of many hospitals and healthcare centres. Stagnant water and the tropical climate mean that Dengue carrying mosquitoes breed in their millions, and although a number of strains of the virus are needed to cause a significant infection, children are often at risk as they spend much of their time playing outside, and around water sources which may harbour the bugs. Healthcare professionals are warned to test children with longstanding fevers. A full blood count can reveal the low platelets which characterise dengue fever.

Gastroenteritis is a condition commonly seen in the paediatric population of the UK, often in outbreaks due to contaminated foods or from seasonal viruses. Trinidad has a similar profile in this respect to the UK, however, the outcomes of gastroenteritis are somewhat exacerbated. The temperature of the climate means that dehydration is a much more significant complication and happens quicker than it would on average in the UK. Because of this, the paediatric A&E is stocked with WHO approved oral rehydration therapy, and the paediatric acute care unit is rarely empty of children on fluids with their urine output being strictly measured.

The ethnic background of Trinidad is one of the most diverse in the world (although ironically it has similarities to East London). The two main groups are those of African and Indian origin; 36.3% and 37.6% respectively, 24.2% of the country are of a mixed ethnic background. Of the mixed background there are Mediterranean- Europeans (Spanish), Chinese and Arabic people alongside the two ethnicities already mentioned. Because of this huge diversity the genetic diseases which present in Trinidad may be those commonly found in a variety of areas of the world. Sickle- cell disease is very common in the African population, but cystic fibrosis is also seen alongside PCOS and a variety of others.

How is healthcare provided to the people of Trinidad and Tobago, specifically to the paediatric population, and how does this compare to the UK?

There is a two-tier health care system in T+T, similar to that of the UK. The five Regional Health Authorities are responsible for provision of public health care in the different regions of Trinidad and Tobago: The North West RHA, The North Central RHA, The Southwest RHA The Eastern RHA and Tobago RHA. Due to lucrative economy of T+T, based on Oil and natural gas deposits in the south of

the country, there is sufficient public funds to support the provision of free public health care to the entire population. Despite this, due to a number of reasons the private health care sector flourishes, and is utilised by the average person more commonly than it would be in the UK. Waiting times in T+T for common specialty referrals (e.g. Ophthalmology) are very long, and some super-specialities are available only in the private sector (e.g. Paediatric Echocardiography). This may explain the utilisation of private health care. Some people in T+T suggested bureaucracy and corruption prevent the huge amounts of money from the oil fields reaching the public health-care system.

There are six major public hospitals in the country, a number of smaller hospitals/large health care centres and a few private hospitals. Public healthcare is provided in the major hospitals and the surrounding health-care centres. Much like in the UK GPs and Paediatricians lead the care of the paediatric community through screening at specific ages. NICE and WHO guidelines are followed in general with a very similar vaccination schedule to the UK (although yellow-fever is an additional necessity). There is a lack of health-care visitors, or indeed any support in the home for parents and their children. Perhaps partially due to this, child abuse is a serious public health concern in T+T.

How does ward based care differ in Trinidad and Tobago compared to the UK?

My initial objective was to look for differences between the surgical care in T+T compared to the UK. Unfortunately I did not get the opportunity to see sufficient surgery in T+T so I would be unable to comment on the differences. Instead I will describe some of the differences in the paediatric ward based care.

The type and quality of care provided for patients on the wards in T+T came as somewhat of a shock following the standards I am used to in the UK. Some of the most noticeable differences were that the bays were very crowded and uncomfortable, and that there was very little regard for privacy.

As I have previously mentioned, the climate in T+T is that of a tropical Caribbean country, it is very hot and humid throughout the day. In the hospital in which I was working, I was surprised to find that the wards were without air conditioning (unlike many of the staff offices and the canteen). This left patients in what appeared to be a very uncomfortable situation. Furthermore, the bays of the paediatric ward contained 5 patients in a room which was approximately 6mx5m. This left little room for relatives, mostly parents, to sit comfortably, and increased the temperature of the room. I would personally have been unwilling to allow a patient, particularly a patient with a fever, to remain under these conditions. I can only presume these conditions would worsen patient's experiences of pain and discomfort and if not had a wholly negative impact on their recovery.

The second issue which surprised me from the wards, and throughout the hospital, was the lack of patient privacy and dignity. Although I will immediately mention that this may have been due to cultural differences, and I never heard a patient complain about the way they were treated. However, patients were routinely examined without drawing the curtains and their cases were discussed openly in front of the entire bay on the ward. Some very intimate procedures were carried out in front of other patients and there seemed to be little respect for dignity.

What personal skills did I develop during my time in Trinidad and Tobago?

Much of my time in T+T was spent in the paediatric A+E of Mount Hope hospital, situated in the North of the country. Because of this I was exposed to a wide variety of patients and presentations. One of the most difficult barriers to overcome initially was communicating with the patient.

The national language of T+T is English. Although with a thick Caribbean accent and a huge number of colloquialisms, it can be almost impossible for a British English speaker to communicate with some members of the population. The difficulty in understanding each other's accent was felt by both parties, and on a number of occasions I was with a patient whom I could not understand and had no idea what I was trying to ask them anyway. Over the 6 weeks in Trinidad I saw a definite progression of my ability to understand the local people and I also worked on my own communication skills. I found that I had to explain myself much slower and more clearly than I have previously needed to, and without the opportunity to ask for a "translator" this proved a very useful learning experience with regards to my communication skills.

A specific learning experience which I would like to highlight was during a day in A&E when I was presented with a patient with a supra-condylar fracture of the humerus. My suggested management of this patient included sending them to the fracture clinic where, in the UK, specially trained nurses apply plaster to set the bone. I was surprised to find that the process in T+T is not like this and the junior doctors are expected to apply plaster to simple fractures. The A+E consultant showed me how to apply a basic long arm cast and I found this a very useful experience. Furthermore I learnt that when practicing medicine outside of a developed western country I shouldn't rely on others to carry out managements which I may have to provide myself.

References

Government of the Republic of Trinidad and Tobago. (2014). *Ministry of Health - Overview*. Available: <http://www.health.gov.tt/sitepages/default.aspx?id=38>. Last accessed 29/05/14.

Ministry of Planning and Sustainable Development. (2011). *DEMOGRAPHIC REPORT. TRINIDAD AND TOBAGO 2011 POPULATION AND HOUSING CENSUS*. 0 (0), p12-13.