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Elective Report:

Milton Cato Memorial Hospital, St. Vincents and the Grenadines, West Indies

Learning Objectives

1. To observe the presentation of medical conditions in a part of the world with different cultural expectations
2. To contrast the resources available in a state-funded hospital in the Caribbean with NHS funded hospitals in the UK
3. To gain a greater knowledge of General Internal Medicine and Paediatrics
4. To develop my communication skills in communities culturally different from mine

Milton Cato memorial hospital is a state-funded district general hospital in St. Vincents, which provides care for residents throughout St. Vincents and the surrounding Grenadine islands. This hospital consists of 211 beds, with the majority divided into the General Male and Female medical wards, General male and female surgical wards, Obstetrics and Gynaecology and Paediatrics. There is also a small Accident and Emergency Department at the hospital. Healthcare provided by the A&E is free for all patients, however, once past A&E and on the ward, care must be funded by the patient or relatives themselves, this involves relatives taking prescriptions from the wards to get medication from pharmacies, or transporting blood samples to testing labs. Due to flooding there is no CT scanner available at the hospital. The Intensive Care Unit consists of only 2 beds, and there is no HDU or CCU at the hospital, meaning patients are only admitted to ITU if they have a very good prognosis, not allowing care to be provided for those in greatest need. Throughout my placement at the hospital I witnessed patients in ITU who were stable enough to be on the ward, but were put in ITU simply for cardiac monitoring, in the UK the same patients would be in CCU or on the cardiology ward. Around the wards, facilities were basic in comparison to UK hospitals. Oxygen was provided only by cylinders (meaning lack of emergency oxygen supply), cardiac monitors were not available, nor were pulse oximeters. For venepuncture only one size of needle was available, with no steristrips (or other form of sterilisation), no tourniquets and cardboard immobile sharps bins. Patients on the ward were encouraged to stay in bed, with restraint being used if they were to get up and move, no chairs were provided for patients, and they were expected to use bottles to pass urine. The Paediatric department is currently in the process of being rebuilt, and so currently comprises of only 6 beds. Funding in the Paediatric department is better, due to charity involvement.

The lack of attention to patient needs, and the idea of restraining patients to prevent them moving around the ward proved poor recovery rates. With such shocking care provided patients expectations were low. It is common knowledge around St. Vincents that a visit to Milton Cato Hospital may be your last, and so every person aspires to, when the need arises, take an immediate flight to the US or another island in order to receive proper medical care. Poor medical treatment and lack of communication with patients means that there is a very high rate of diabetic complications, with many patients becoming amputees in their early 30s, and developing renal

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failure and blindness at a young age. In St. Vincents there are high rates of sickle cell disease, with many admissions due to crises. There are also many parasitic infections not seen in the UK and many alcoholics. In Paediatrics, there were many cases of neglect, with some babies presenting with poisoning following suspected ingestion of bleach or rat poison. Dengue fever and chikungunya virus were also common, two diseases unseen in the UK and both contracted from mosquito bites. Complex and untreated cardiac problems were common in both the paediatric ward and the general medical ward, and allowed me to hear a range of abnormal heart sounds or murmurs, such as rheumatic heart disease causing a 3rd heart sound and mitral stenosis and a patent ductus arteriosus in a baby.

The ideas regarding patient communication were vastly different than my own and what my medical school training has taught me. Ward rounds consisted of the patient being crudely and abruptly woken up, sometimes by the nurse slapping the patients legs, sometimes by a doctor doing a sternal rub, then the patient would be ignored whilst discussion would go on over and around the patient, the curtains would remain undrawn whilst the patient would be exposed and examined, without communicating to the patient what was going on, and finally if a sign was found all doctors and medical students would be instructed to observe and elicit the same sign. During these examinations, no consent was ever established, no explanation was given, and no attention to the patient's pain or discomfort was addressed. The consultant would examine the patients with his left hand in order to continue talking to the team resulting in him having his back to the patient throughout. On one occasion, a female patient began crying after the team had left her, this was due to a lack of communication, she expressed to me how terrified she was as she heard the doctors talking about all sorts of diseases, but no one had explained anything to her, and so she was left in a state of fear and confusion. Witnessing such a lack of empathy and adequate communication, highlighted to me the importance of patient-doctor relationships.

In comparison with a hospital in the UK, Milton Cato is resource deplete and in my opinion lacks the values which are dear to the NHS. Whilst the hospital may be struggling due to causes beyond its control, the attitudes of the staff and doctors results in inadequate health care for patients. My time there allowed me to experience a wide range of diseases with varying complications, and so benefitted me in my knowledge and experience.

<u>Reflections on Elective Placement at Milton Cato Memorial Hospital</u>

During my time at Milton Cato Memorial hospital, I was surprised to see such widespread malpractice. My first day began with a ward round with the medical registrar, during the ward round, one of the interns gestured to a covered dead body on the ward and laughed, this body was still in the hot non-air conditioned ward the next day, with insects flying around and going s onto other patient's breakfast. Throughout my placement I continued to see similar standards of compassion from doctors of all levels. On one occasion a patient who had been discharged, but was still waiting in bed to go home, began to deteriorate, a new intern became concerned, and went to

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check on the patient before asking an SHO for help, she was not interested and said "maybe she wants to meet her father" and laughed. This type of attitude from doctors who were supposed to care shocked me. There was an obvious lack of compassion and empathy, and this continued into the practical methods used on the patients. Patients were not woken up gently, but woken up with painful stimulus, if someone was likely to die, nothing was done to make them more comfortable, instead - they were simply left to die. It may be the lack of funding and resources in the hospital which has caused the doctors to become desensitised to peoples' suffering and death -surely this should not be the case. The system seemed to be accepted rather than challenged, and a vicious cycle continued of medical students and interns lacking the drive for good patient care.

Medical knowledge was lacking in both the local medical students and doctors at the hospital, even for basic skills such as palpating the spleen or defining an irregularly irregular pulse. The consultant however, was a very good general medical physician, and a very good teacher, he took the time in each ward round to teach and question all members of the team, despite his obvious frustration for the lack of knowledge around him. Often the consultant would ask me to demonstrate examination skills or to explain a disease to the others as he believed UK medical training and methods to be far superior to the Caribbean. This was very embarrassing as I was the only UK medical student on the team, and so the consultant would consistently make comparisons.

The lack of consideration of patient's dignity, both by exposing them and by not respecting their wishes shocked me. At medical school we have been trained for that to be one of the utmost important factors when dealing with patients. Throughout my time in the general medical wards I witnessed patients being fully exposed without any curtains drawn, patients' personal and medical details being shouted across the ward and examination of patients with no consent sought or explanation given. At every opportunity I ensured that I demonstrated the UK way of respecting the patients, and once took the local medical students aside to explain to them how we have been taught and the reasons for maintaining dignity and seeking consent.

On the paediatric ward, I was surprised to see so many cases of child neglect; accidental poisonings and malnutrition. Despite only 6 beds in use, organisation on the ward was poor, with 3 consultants and the registrar doing daily rounds of all patients, with only 20 minutes between rounds, resulting in the entire morning being taken up by seeing the same patients with the same complaints. Nothing extra was accomplished in the subsequent rounds, and the intern had little time to achieve her tasks. It was refreshing to see a greater level of care for the patients on the paediatric ward, and better facilities, however, they were still lacking in well-fitting oxygen masks and no flowing oxygen supply. It is difficult to properly assess the paediatric ward as it was mainly closed for refurbishment. Interestingly, at Milton Cato, children are only covered by paediatrics up to the age of 12 years old.

Overall, my time at Milton Cato Memorial Hospital was an interesting experience, with many times of feeling despair and disgust whilst doing my general internal medical placement. There are few practises I would wish to take back from the hospital, the main way in which my placement here has benefitted me would be to give me a greater appreciation for the NHS and to highlight to me the importance of good communication, maintaining patient dignity and confidentiality, as I have seen first-hand the harm that lacking any of these can do.