GENERAL MEDICINE

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Elective Report- General Medicine

Describe the Pattern of Illness of the population in Tobago

Trinidad and Tobago comprise of two Caribbean islands off the coast of Venezuela with a total estimated population of 1.3 million people. Tobago is the smaller of the two, with an overall population of around 60,000 people[1]. There are several chronic diseases that are more prevalent in Tobago, of which parallels can be drawn with the afro-Caribbean population within the U.K. Diabetes Mellitus is a growing epidemic and has a significant morbidity and mortality burden, with and overall prevalence of diabetes with the Caribbean region being 9.2%. By 2025 it is estimated that Trinidad and Tobago will have the highest projected prevalence for the entire region[2]. Moreover 1in 4 hospital admissions are diabetes related and diabetic related complications such as eye disease, nephropathy, neuropathy, heart disease and stroke are also sadly very common.

Although genetic predisposition is a large contributing factor to diabetes, obesity is an increasing problem. 1in 8 people in T&T are overweight, with 80% of type 2 diabetics being overweight also. Diet seems to be strongly linked to this with food high in salt and saturated fat, in combination with increasingly sedentary lifestyles, all lead to the problems being compounded.

Other conditions are more commonly seen such as hypertension, often managed with multiple anti-hypertensives, ischaemic heart disease, stroke and sickle cell anaemia.

HIV continues to be a problem with an ever increasing rate, and poor attitudes towards prevention and overall patient education seem to be contributing factors.

Describe the healthcare provision within Tobago compared with the U.K

During my time in Tobago, the majority of my time was spent in the regional hospital, which was a relatively small hospital with two medical inpatient wards, one for males and one for females. Each ward had a maximum of 16 patients. Here care was managed by input from the medical and nursing teams, although other than occasional dietician and pharmacy input, there was no comprehensive MDT as in the UK. The treatment options available are very similar to those in the U.K, with common drugs including anti-retrovirals all readily used. There were certain differences in the availability of specialist investigations and management, as some urgent cases would need to be transferred to the larger hospital in Trinidad. These would include those needing ICU admission or specialist tests such as nuclear medicine scans. Furthermore, with limited resources occasionally there would be overspill of surgical patients into medical wards. Ordering of tests, investigations are still done by paper rather than electronically, with a slower turn around time.

Despite the certain limitations available in Tobago most of practising clinicians use evidence based medicine to treat patients and incorporated a similar system of inpatient review, daily ward rounds, discharge planning and outpatient review. It was evident that some patients would receive other

support such as physiotherapy but I did not actively witness a 'social package' with occupational therapy, social workers etc all co-ordinating a plan together.

Most medical care is state provided, however certain tests such as HBA1c for glycaemic control would have to be funded privately by the individual under the advice of their physician.

What are the cultural practices of the patient population and healthcare in Tobago?

It was apparent during my placement that religion places a huge emphasis on the lives of the majority of the local population in Tobago. Christianity is the predominate religion and certain aspects of medicine such as HIV infection and underage pregnancies were often frowned upon.

Moreover whereas in the U.K, where patient education and public health campaigns have come to the fore, in Tobago this is strikingly lacking. As a result there is often poor compliance to medicine, lack of personal responsibility and overall a lack of motivation to change attitudes towards serious chronic diseases such as diabetes and ischaemic heart disease. Very few patients were willing to take onboard lifestyle interventions such as smoking cessation, reduced salt intake or increased physical exercise.

The doctor-patient relationship is different in Tobago, with a far more didactic style of consultation from the doctor to the patient, rather than the far more patient centred care in the U.K. Confidentiality is also an issue as through a lack of space, rather than reckless medical practice. Often patient cases where being discussed in front of other patients, which would not occur in the U.K.

Describe how your clinical experience improved during your placement in Tobago

In Tobago due to the population, the climate and relative underdevelopment I was able to witness and examine several patients with conditions far less common in the U.K. Bacterial endocarditis and rheumatic fever were common and several murmurs I had never heard before in the U.K, I had the chance to hear. As a result I feel my auscultation skills have improved. Furthermore I learned about the management of certain tropical diseases such as Dengue fever and tetanus infection.

Several patients had opportunistic manifestations of HIV and I was fortunate enough to witness, dermatological and respiratory complications including PCP and tuberculosis. Rarer complications such as Steven-Johnson reaction to anti-retroviral medications I was also fortunate to see.

I found it very useful to become more familiar with the various multisystem complications of chronic, uncontrolled diabetes as I feel these will become an ever increasing sight as the incidence of diabetes increases in the U.K. Overall I feel more confident in identifying all the various aspects of their care including smoking cessation, antiplatlet control, blood pressure control and cholesterol control, conveniently remembered by the pneumonic ABCS.