

LTNCH

SOPHIE LYNCH
ha08319

COMMUNITY
MEDICINE

Elective Report: Grand Cayman 2012

Objective 1: What are the commonly encountered health conditions in general practice in the Cayman Islands, and how do these differ from the UK?

Primary care on Grand Cayman is provided by both government and private clinics. The majority of our time was spent in a private clinic, which largely served the expatriate population (made up mainly by Brits, Americans, Canadians and South Africans). Because this is a private health insurance funded system the focus of attendances is slightly different to in the UK, with a great proportion of appointments dedicated to preventive medicine and screening and health insurance medical assessments. Those patients with comprehensive medical insurance are able to have a range of screening tests, including 5 yearly colonoscopy for bowel cancer screening and yearly smears for cervical cancer screening. This is compared to faecal occult blood testing (followed by colonoscopy only if positive) and 3-yearly smears in the UK. Tumour markers are also performed regularly for screening. Although on the one hand this may seem to be a benefit of such a system, as on face value it seems to be more thorough, there is also a lot of unnecessary anxiety and investigation that occurs as a result of such screening endeavours, particularly the use of tumour markers which have generally not been proven to be effective as screening tools. That said the mortality from cancer in the Cayman Islands is much lower than that of the UK at a rate of 72.5 per 100000 compared to 252 per 100000. However, there is limited data on the incidence of cancer in the Cayman Islands which may influence the data. In addition, the majority of expatriate whose health insurance covers off island care will choose to be cared for in the United States, and this is also likely to affect the comparability of these statistics.

The burden of disease is largely similar to the UK, with hypertension, diabetes and asthma listed as the three leading causes of morbidity.

Interestingly, because the island was relatively isolated for a large part of its history from its settlement in the early 1700s by deserters from the British army and planters from Jamaica, until the establishment of regular sea and air links with America in the mid-1900s. The population increased from only 933 in 1802 to 5564 in 1911. As a result of such an isolated population, a significant degree of inbreeding has occurred within the Caymanian population, and this has given rise to at least one genetic disorder which is unique to the Cayman Islands as a result of a so-called 'founder mutation'. Cayman type cerebellar ataxia is a condition marked by psychomotor retardation, and cerebellar dysfunction which is not progressive. In addition, sickle cell disease is of relatively high prevalence on the island due to the a significant African ancestry.

Objective 2: How are health services organised and financed in the Cayman Islands? How does this compare with the UK?

Health care in the Cayman Islands is funded through a health insurance based system, similar to that in the United States. Health insurance coverage may be purchased privately, or may be provided by employers. In addition there is a government-owned insurance company which provides health insurance for civil servants, sea farers and those who are denied health insurance cover by other companies. The level of coverage varies based on the policy so that certain treatments and investigations may be excluded, and require supplementary payments by the individual. Premium insurance policies will cover off-island care where tertiary services are required, necessitating transfer to Miami or other locations in the U.S.A. Because of this system, there is a greater focus on billing and physicians at the government hospital are required to 'code' each patient on the basis of the time and expertise spent along with the diagnosis in order that the patient's expenses can be

processed. This was a new experience for me, as in the UK, although the cost of treatments is considered in relation to scarcity of resources, doctors in general do not have to count up each individual cost of treating a patient. Additionally, I found the concept of a health insurance based system hard to support, as the most vulnerable patients are more likely to fall through the gaps in the system than in the UK. The thought of a patient being unable to receive the best available treatment, and the treatment they require through lack of insurance I find very hard to take. This experience has whole-heartedly strengthened my belief in our NHS and social care system- which although far from perfect is at least fair.

That said, the government spending on health care in the Cayman Islands accounts for 17.5% of the national budget (\$93.4m CI) which is in fact more than is spent in the UK where spending accounts for just over 17% of total government spending (£125 billion). There are an number of factors affecting this though, such as the relatively lower government spending per capita in the Cayman Islands due to the low-tax system, as well as the isolation of the islands, and economies of scale reducing some of the UK costs.

Objective 3: How does island living affect the health of the Cayman Islands population and the resources available for healthcare?

The population of Grand Cayman is around 50,000, served by two hospitals, one government funded 124 bed hospital and the other a small private hospital with 18 beds. There is also a charity funded home hospice service. The majority of medical services are provided on the Cayman Islands, however, a number of specialist doctors only visit for a set period each month. Additionally, some tertiary services are unavailable, requiring transfer to the USA for those patients whose health insurance covers 'off-island' care.

Objective 4: Reflect on the benefits of experiencing medicine abroad on professional development and how it will affect your practice as a junior doctor.

I thoroughly enjoyed my experience in the Cayman Islands, both medically and extra-curricularly. On a professional level, I think it was great to get a break from medicine in the UK and to gain experience of an alternative healthcare system as it has given me a renewed experience of the NHS. My experience of palliative care on the islands has inspired me to do some further reading around the subject, particularly into the pharmacological aspects which I hope will make me better able to manage these patients as a junior doctor. On a personal level, I enjoyed the experience of living on the Cayman Islands, particularly gaining my PADI Open Water Scuba diving qualification, and I hope to be able to return some day!