ACCIDENT + EMERGENCY

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Elective Report
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Tupua Tamasese Meaole Hospital, Samoa

Elective objectives:
1. Describe the most common medical conditions prevalent in Samoa, and the most common reasons for being admitted to hospital there.
2. compare and contrast key features of the national health services of samoa and the UK
3. Describe the epidemiology of diabetes in Samoa and how it is managed differently in the UK
4. Reflect on the elective:
What went well and what did not go well?
Did it live up to expectations?
How did I find the experience of medicine in a new cultural setting?

Objective 1
During my elective in Samoa, I spent the vast majority of my time in hospital in the combined A&E/outpatients department. This enabled me to get a good snapshot of typical health problems commonly experienced by Samoans. common presentations can be categorised into acute and chronic conditions:
Chronic conditions such as diabetes, asthma and hypertension, and their respective complications.
Acute conditions had a higher incidence than in the uk, such as trauma and infectious disease.
Objective 2
Although the health service provided in Samoa met a higher standard than I was expecting, there were some significant differences in comparison to the UK. A key difference was that there was no concept of general practice in Samoa. If people there are ill, they will generally first seek traditional samoan alternative practices in the first instance, and often present to hospital A&E when an easily treatable problem has become more complicated with time.
Patients who have ongoing medical conditions such as hypertension do not have a GP they see regularly; instead, they have outpatient appointments conducted in A&E. I found it quite confusing initally, as there did not seem to be any triage system in place. For instance, I would see a patient who had come for their (approximately) monthly appointment for blood pressure medications and review, and the next patient I saw could have had a broken leg or be having a severe asthma attack.
Another key difference between Samoan and UK health services is the distribution of health profesionals. There was no shortage of junior doctors and low to middle grade registrars; however, there was a severe shortage of fully trained consultants across all specialties. Whilst on my placement, I learned that Samoa has been having real difficulties retaining its fully qualified doctors - as soon as people begin to gain more postgraduate qualifications they leave and go to other countries such as Fiji, Australia and New Zealand. There is often little incentive for them to stay in the country when they could get better paid jobs elsewhere. This often creates problems in terms of the service that is delivered to patients. For instance, the hospital

has a CT scanner and X ray machine, but no full time radiologist. Often investigations would be ordered but the results not always fully comprehended. Gaps in the staffing of the hospital are frequently plugged by foreign volunteer consultant doctors who visit for around 1 or 2 weeks at a time (for example, during my time in the country, a group of opthalmologists stayed at my hotel for a week and spent around 10 hours every day doing cateract surgery).
Funding to the Samoan Health services worked differently to the UK. most of the costs of health care in samoa are funded by the government, and patients have to make a contribution of 5 tala for every day spent as an inpatient in hospital. They also need to pay for any medications prescribed, which often affects prescribing choices as it is better to prescribe a drug that the patient can actually afford to buy compared to a 'gold standard' treatment which costs a months wages.
The international community makes a large contribution to the health service in samoa. Currently under construction next to TTM hospital is a brand new hospital which is being entirely funded and built by the Chinese government. The motives for such donations are somewhat sketchy - Countries such as China and Japan have invested heavily in Samoa in order to gain votes from samoa in international political issues such as human rights.
Objective 3
Type 2 diabetes has a high incidence in Samoa. During my time there, I was unable to find any official statistics or epidemiological information, but I encountered it frequently during my time in A&E. The high incidence of diabetes there is a combination of the genetic makeup of the population combined with a diet including lots of delicious but unhealthy food. DUring my time there, I hear that Samoa would have been classed internationally as an underdeveloped country if it were not for the fact that there is no under-nutrition there (in fact, quite the opposite).
Because there is no general practice in Samoa, diabetes is rarely picked up incidentally in its early stages like it can be in the UK. People present with secondary problems such as headaches, tiredness or a large abces. Everybody's blood glucose is measured when they present to A&E for any reason along with their heart rate and blood pressure, and it was not uncommon to find people presenting for complaints entirely unrelated to diabetes who had an RBG of 20.
Generally speaking, diabetics were managed on an outpatient basis, with monthly appointments to check their blood glucose levels and prescribe medication refills. Medical management is largely the same as in the UK, with metformin being the first line drug followed by other additions a necessary. However, the main challenge was convincing people to take their medications, and informing them to take them at the correct time of day. Patient education on the effects of diabetes was genrally poor, so i spent a lot of time with patients explaining about the basics of diabetes and the things that can go wrong, in the hope that it might convince them to take their medicines properly.
Objective 4
overall the elective fully met up to my expectations and more, Everyone I met was very friendly, from the family who ran my hotel to the doctors in A&E, and even just people I would meet walking down the street on the way into hospital in my scrubs! Samoa is definitely the friendliest country I have ever visited, I found it difficult to get used to at first, compared to London, but after a while I loved it, and it is one of the things I will miss the most.

Good aspects of the placement included the introduction we had on the first day, where we were introduced to samoan culture and taught some samoan language (which was very useful!).
I very much enjoyed the mixture of conditions that I saw due to the mix of GP and A&E patients.
I really liked the fact that I could independently manage a case from start to finish - in A&E placements in the UK due to the triage system in place I have always had a rough idea about what would be wrong with each patient, but in samoa, a patient would walk into my cubicle and the only information i would have would be their pulse, blood presure and blood sugar, I really enjoyed the process of history taking, deciding what investigations i wanted to order, interpreting the results and coming up with a treatment plan and sending the patient home. It was good to really have to use my brain to think about each patient from start to finish.

At the same time, the placement was great because if I wasn't sure about something, or something needed to be done which i knew was beyond my competence, there was always a doctor or nurse around who would help me. By the end of the first week of the placement, I felt like I and become a useful member of the team, helping to clear the large queue of people waiting in A&E.

The only thing about the placement which really bothered me was the searing heat and humidity in A&E! I could never really quite get used to it, although I definitely managed to tolerate it better as the weeks went on.