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SSC 5c Elective Report – Rheumatology/ Internal Medicine in Martinique

**1. Describe the pattern of disease in Martinique, taking into consideration the context of global health.**

In Martinique the majority of the population are of Afro-Caribbean origin and are therefore more predisposed to certain medical conditions. In particular this group are more likely to suffer from conditions such as diabetes and hypertension and their complications (cerebro-vascular accidents/ strokes, cardiovascular disease, chronic kidney failure). There is a higher incidence of stroke in the Afro-Caribbean population which poses a major public health problem here. In the UK stroke incidence is also greater in the Afro-Caribbean group. Obesity is also a significant problem in Martinique and adds to the already increased cardiovascular risk in this patient group. It has been suggested that increased Westernisation of the Caribbean countries in terms of lifestyle (diet and exercise) has amplified this risk.

Infectious and parasitic diseases are more common in Martinique than in the UK, the main example being Dengue fever which is endemic in Martinique and transmitted by mosquitoes. Human T lymphocytic virus 1 (HTLV1) is also widespread in Martinique and carriers can be completely asymptomatic.

Autoimmune conditions are more prevalent in Martinique, in particular we saw patients with connective tissue disorders such as Systemic Lupus Erythematosus (SLE), rheumatoid arthritis (RA), myositis and scleroderma. During our placement most of our time was spent in Rheumatology and Internal Medicine so this limited our exposure to conditions seen in these specialities. However there is a lot of overlap and many of these patients suffered from the conditions already mentioned such as diabetes and hypertension.

**2. Describe the pattern of health care provision in Martinique and compare it with the UK.**

Martinique is a department of France and therefore benefits from the French medical system. In France a certain percentage of a person's income will go towards social security to provide them with healthcare cover. If someone requires medical treatment they will pay for the initial consultation and then be reimbursed for a certain percentage of the overall cost, minus a 1 euro surcharge. So for example a standard consultation with a doctor might cost 21 euros and the patient will be reimbursed 70 percent of that set fee. There are also different levels of charge depending on the doctor's qualifications (Secteur 1/ Secteur 2). The 'Carte Vitale' is a health card which is used as a means of reimbursing patients directly. The exception is for those people who come under the category of the low income healthcare cover system (Couverture Maladie Universelle – CMU), in which case they earn below a certain amount in a year and therefore do not have to pay anything for their health cover.

Back in the UK healthcare is provided by the National Health Service (NHS) which is funded by taxes. Healthcare is free at the point of use for people living in the UK, so nothing is paid when you attend the GP or the hospital.

### **3. Look at how conditions are managed in Martinique and how treatments/patient care differs from that in the UK**

On the whole the medical management of conditions is the same in Martinique as in the United Kingdom. As an example, treatment of rheumatoid arthritis included use of analgesics, NSAIDs, corticosteroids and disease modifying anti-rheumatic drugs (DMARDs) such as methotrexate and biological therapies (anti-TNF such as infliximab). Additional management with non-pharmacological methods include exercise and physiotherapy. The main difference is that they use the brand name of the drug when prescribing, compared to the UK where the generic name is required.

Of note we came across a medication called Protelos which is used in France to treat osteoporosis. It has been shown to be very effective but is no longer used in the UK because of some adverse side effects.

### **4. Practice speaking French and improve knowledge of medical terminology and a reflective assessment of activities and experiences.**

In terms of practicing my French I feel that coming to a Francophone country for my elective has enabled me to do this. Initially I found it hard to understand what was being said in the hospital, but this has improved with time. In fact a lot of the medical terminology in French is very similar to the English, it is mainly the pronunciation that is different and that is what I found difficult to follow at times particularly if people were talking too quickly.

It was interesting to see the set up of a hospital in another country. There are many similarities between the hospitals here in Martinique and those back home in London. The same multi-disciplinary team exists and the ward rounds have the same set up. However the concept of a 'Hospital of the week' is not something that exists in the UK and Rheumatology is largely dealt with in outpatient clinics/ consultations.

During our time here we observed quite a number of overweight and obese female patients who were suffering from back pain as a result of their weight. The doctors were very direct in their approach when addressing the issue of patients being overweight. In the UK obesity is also a significant problem but I do not feel that the patients are spoken to as directly about their weight.

Compared to the UK the junior doctors in Martinique 'les internes' do not carry out practical procedures such as taking blood and inserting cannulas as the nurses are responsible for these jobs. MRI scans seem to be more frequently used for imaging compared to the UK where radiographs and CT scans are preferred initially due to their lower cost. Some of the technology here is not as up to date (e.g. computers are not used to look up blood results and radiology imaging) however this does not seem to hinder the work done by the medical team. There also appears to be a lot less paperwork than there is back in the UK.

Even with the language barrier medicine does not change, the history and clinical examination remain the same. We did notice that some of the syndromes that are described in English use only one part of the full name, e.g. Sjogren's syndrome is referred to as Gougerot-Sjogren's in



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French. From our experience here it is clear that the varying personalities of patients are universal.