

Elective report

## Objectives:

Learn how healthcare in general, is different in the Caribbean.

Learn about differing attitudes to healthcare, especially in disease prevention.

Further my knowledge and experience in orthopaedics.

Learn how private healthcare differs to the NHS.

My elective was in Antigua and Barbuda, working in orthopaedics and also with ABSAR; Antigua and Barbuda search and rescue. I found it a great experience, both enjoyable and educational. The orthopaedics aspect centred round working in Mount Saint John's hospital and also in a private orthopaedic clinic. The ABSAR aspect involved working in the clinic in the harbour, as well as being present on the rescue boats during the two major sailing race weeks.

Healthcare is different in Antigua because there is a larger emphasis on the private sector. Patients are recommended to go private unless they can really not afford it. This means that many avoid presenting early to a doctor to avoid a large bill, leading to complications further down the line. Then there is ABSAR, a voluntary run organisation involved in search and rescue and basic medical care. In the area where it is based, English Harbour, many patients present to the medical centre with any condition, and sometimes just worries. They get seen to by a senior paramedic or nurse (or sometimes us) and only asked to give a donation if they can.

In orthopaedics we learned how the hospital based care differs to that of the UK. The funding for the public hospital is obviously nowhere near that of large NHS hospitals in the UK; as such the level of care and treatment that was available was decreased. Many operations were not able to be performed due to lack of equipment, and much more conservative care was used. The private side was very different, with patients being seen much more readily and operations happening more immediately, though still the aspect of equipment was a problem. The feeling from the consultations with local patients is that of a more 'old-school' doctor-patient relationship, a more paternal one.

The patients had different attitudes to health care compared to most British people. In the hospital many of the patients were more concerned with aesthetics rather than functionality, often going against doctors' advice to have a more normal looking, but poorly functioning body. In terms of disease prevention, many Afro-Caribbean patients did not have a good knowledge of basic medicine, plus screening programs were not common place. The Caucasian population were usually British, American or Canadian and so had similar ideas on health to the rest of their citizens. I found that the American patients were much more demanding in their attitude, often just telling you what they want you to do with little discussion. They had very specific demands when it came to drugs. Most patients (especially Americans) didn't seem to trust the generic equivalents. The use of brand names for drugs also caused some confusion.

Comparing the private health system in Antigua to the NHS is hard, as most of what we saw was clinic based, and mainly follow up. The obvious difference is the emphasis on money/insurance. A significant portion of the appointment time was taken up by discussions on insurance. The other main difference I saw was the use of brand drugs in prescriptions, rather than that of generic drugs to obviously make more money.

I felt that I learned the most in ABSAR. We rarely get to see pre-hospital care as medical students and doctors, and it is very different seeing an injury in a hospital, compared to in the galley of a yacht in the middle of the sea. It was very interesting talking to the paramedics and seeing them work. The clinic side of things was more like a GP walk in clinic, with everything possible walking through the door.

During my time in Antigua, I was also involved in being a medic on the set for a television commercial shoot. This was sourced through ABSAR. This was interesting as I saw all kinds of minor ailments, which I previously had never had to treat professionally. In medical school we rarely get to see minor injuries and other minor afflictions, except sometimes in general practice. It involved long days outside. Most things were due to local wildlife or 'exposure' and were easily dealt with by reassurance or over the counter medication.

Over all I am incredibly pleased with my elective and grateful to Dr Singh and Jonathan Cornelius for helping us out there.