

TEPLICKY, C
RHEUMATOLOGY

Elective Report SSC 5C

*CHU Martinique- Rheumatology and Internal Medicine
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1. Describe the pattern of disease in Martinique, taking into consideration the context of global health.

Martinique is a department of France, located in the Caribbean with a population of approximately 400,000 people. The population of Martinique suffers from many of the same medical problems that one finds in other developed countries such as obesity, diabetes, stroke, hypertension and the consequent complications of these conditions (especially cardiovascular). The ethnic population of Martinique differs from that of mainland France in that 90% of its inhabitants are of African or mixed African-Caucasian-Indian descent. This has an important implication in terms of public health given that the aforementioned conditions are often associated with a higher prevalence in the Afro-Caribbean population. It is therefore not surprising to find that these conditions are quite common in Martinique.

The life expectancy is higher in Martinique than in other overseas departments and territories. As such, Martinique faces many public health issues relating to an aging population. Cardiovascular disease, diabetes and malignancy are the top 3 causes of admission to hospital for the over 65 population (2003 CNAMTS and CANAM study, WHO).

Of note, other diseases found in Martinique that are not commonly found in the UK include HTLV-1 infections (and associated myelopathy) and Dengue Fever, a tropical disease spread by mosquitoes. The most common genetic disease in Martinique is Sickle Cell disease.

In terms of rheumatological conditions, rheumatoid arthritis and osteoarthritis are quite common in Martinique and one also finds other autoimmune conditions such as mixed connective tissue diseases, myositis and scleroderma. It should also be noted that the prevalence of Systemic Lupus erythematosus is much higher in French Martinique than on mainland France.

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

The people of Martinique benefit from the French government's health care system that offers universal health care to its citizens and residents. Although the state-funded health care system in Martinique is available to all, it is not an entirely free system and the user is expected to contribute to his/her care at the point of care. For example, a patient who has a consultation with a *médecin traitant* (GP) is expected to pay for the cost of the consultation initially, however approximately 70% of the cost is then reimbursed by the *Sécurité sociale*, which is funded by taxes. Similarly, prescriptions are also reimbursed at a certain percentage. The people are free to choose the doctors and specialists that they wish to see. It should be noted that some doctors charge more than the standard "*conventioné*" rate and if a patient wishes to see a doctor that is "*non-conventioné*", then he/she will be responsible for any additional costs above what would normally be reimbursed. Many people in France take out additional medical insurance, a "*mutuelle*", in order to cover these costs and the amount that is not normally reimbursed by the *Sécurité sociale*.

There are a couple exceptions where people do not have to pay for their healthcare. People who make under a certain wage can qualify for a complementary coverage by the CMU (Couverture Maladie Universelle=Universal Medical Coverage), however the qualifying wage is very low. Additionally, under the French system patients with chronic diseases do not have to pay for their care.

The major difference between the health care system in the UK and in Martinique is that health care is free at the point of access in the UK. Additionally, as a general rule, long waiting lists for operations and procedures do not exist in the French system (although appointments for doctors in high demand may not be immediate). Thus, patients do not use the private health care system as a means to shorten his/her waiting time, as one might in the UK. In Martinique, the service user is also not responsible for paying the entire cost of private services, in contrast to the UK.

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

In terms of the management of the rheumatological conditions seen in the hospital, there were no major differences between the medical treatments used in the UK and Martinique, except for the fact that in Martinique, the brand names are prescribed, unlike in the UK where generics are used. Some medications used in France are also not used in the UK, or have been removed from the British formulary due to adverse effects.

The organization of the rheumatology department/ward was that of a "hopital de semaine/jour" meaning that the ward was open from Monday morning until Friday afternoon. Any patients staying over the weekend were transferred downstairs to an acute care ward and brought back up to the department on Monday morning. Outpatient clinics were an integral part of the department as well. Additionally, for this particular ward, there was no central computerized system and all the patient's ward notes, outpatient summaries and investigations were kept in the patient's notes; patients would bring in the most recent radiographs when coming into hospital. Lastly, the patients could call up the department to arrange a direct admission when necessary, avoiding the necessity for a GP referral or A&E admission.

During the elective, it was very interesting to see patients who had come to Martinique from mainland France for treatment solely because of the excellent reputation of the rheumatologists in Martinique. Likewise, some operations could not be done in Martinique and sometimes patients would be sent to mainland France, over 7000 kilometres away, in order to be treated by a particular specialist or for an operation. Additionally, there were also patients from non-French Caribbean islands who came over to be treated as the French care was of a higher standard than that which they could receive in their own country.

4. Practice speaking French and improve knowledge of medical terminology.

This elective gave me the opportunity to practice speaking French, as well as learn medical terms and vocabulary that I had not previously encountered. As in English, I was able to practice medical French with the doctors, and yet jargon-free French with patients. The actual history and examination were almost identical to what we have learned in the UK, yet it was interesting to see the slight variations in the techniques. Please find attached a copy of one of my clerkings.

The cultural aspects of language in Martinique played a role in understanding the medical reason for a patient's admission. As people in Martinique speak Creole, the concepts used to explain certain phenomena in Creole are not directly translated into French with the same meaning. For

example, when asked about current medical problems or complaints, one patient pointed to her back and said she had "mal aux reins" literally meaning painful kidneys. However, this actually meant was that she had a painful back, and not that she had pathology related to her kidneys.

The cultural aspects of French culture also were present in the interactions between health care professions. It was a very refreshing, and much appreciated, to be greeted everyday by our consultants who would say hello and shake our hands. Additionally, it was almost comical at times to listen to the noise that was made when walking down a busy ward with everyone saying "bonjour" to everyone that passed. These cultural gestures of politeness improved the overall ambiance of the hospital.

Lastly, I also appreciated the direct nature of discussing "taboo" topics, such as obesity, with patients. The doctors would not hesitate to tell the patient that they were overweight and explain how this was contributing negatively to their health. The BMI was systematically calculated by the admitting doctor. In addition to the language aspects, I enjoyed seeing conditions that I have either not seen in the UK or have not seen many times including PAN, scleroderma, Evans syndrome, Antisynthetase syndrome, Vogt-koyanagi-harada, and Muckle Wells.

Overall, I think this elective not only helped me improve my French and my knowledge of rheumatological conditions, but also gave me the invaluable opportunity to explore medicine in another part of the world.