

## Elective Report

### General Practice in the Cayman Islands

10<sup>th</sup> April – 23<sup>rd</sup> May 2012

Today's population of the Cayman Islands is highly diverse, with an amalgamation of Caymanian nationals, Jamaicans and Cubans as well as people from Central American countries such as Honduras and Nicaragua. In addition European, South African, American and Australian nationals have migrated to this island in search of sun, sea, sand and in some cases perhaps a tax haven! In the context of global disease surveillance, it is rare to see such a varied cohort and makes the observation of disease patterns on the island an interesting point for discussion.

Before the influx of expats to the islands, the population observed genetic conditions that were unique to this population such as 'Cayman Ataxia'. This condition was more common when the transport links on the island were limited and the population rarely ventured outside their own districts. However with the improvement in transport links and a little more variety added to the gene pool, this condition is becoming much less common.

*Objective 1: Describe the Pattern of Cardiovascular Diseases and Diabetes in the Cayman Islands in the Context of Global Health*

According to statistics published in 2009 by the Pan-American Health Organisation, cardiovascular disease, cerebrovascular disease and diabetes account for a large proportion of deaths in males over the age of 65 within the Cayman Islands. For women, malignancy of the breast and uterus are responsible for the majority of deaths but cardiovascular diseases still cause significant morbidity. With this in mind, it was unsurprising to find that there is a strong focus on preventative medicine and reducing cardiovascular risk in order to try and reduce the incidence of these diseases. Although there is little published data regarding disease statistics, from what I have observed there seems to be many similarities in the types of patients who present to the general practice for management of their cardiovascular risk factors. Hypertension, hyperlipidaemia, gout, insulin resistance and obesity are just a few problems faced on a daily basis within the private clinic. It should be said that the majority of patients seen in the clinic are from different countries by birth and not Caymanian. These patients are closely monitored which routine bloods, HBA1c, weight, blood pressure and

smoking status within the clinic but are also encouraged to actively monitor their blood pressure and weight at home. When considering the importance of preventative medicine within this patchwork population, it is quite striking that there is a large number of obese people. This becomes more understandable when you observe the lifestyle of these individuals. As well as diets high in saturated fats and carbohydrates, there is little emphasis on physical exercise. There are no pavements or cycle lanes and the majority of people drive to and from work.

*Describe the Pattern of Health Provision within the Cayman Islands and Compare this to the UK and other countries health services.*

Unlike the National Health Service in the UK, the Cayman Island health provisions are largely privately funded and residents are required by law to have their own health insurance policy. Caymanian nationals are eligible for government health insurance, which is available to low-income residents and covers them for basic treatment on the island. Many of the private policies also cover the patient to receive treatment in abroad if it is unavailable in Cayman, particularly referrals to tertiary centres in the USA.

There are two hospitals on the island, one is a government run facility and the other is privately owned but the two function in unison with each other and are seemingly comparable in their facilities and standard of care. These hospitals can manage most medical problems both acute and chronic and have well equipped operating theatres, wards, outpatient departments and emergency facilities. Some conditions such as acute myocardial infarctions, complex cancer treatments, complex surgeries and traumas are referred out to tertiary centres in America and in the acute settings these patients are airlifted out. One of the major differences in the way the hospitals function is the lack of middle and low-grade doctors. Care of patients who have been admitted to the wards is shared between consultants and the nursing staff. There is often no doctor on the ward when they have to attend their outpatient clinics.

The government takes responsibility for funding immunisation programmes for all residents of the island regardless of their nationality. They also provide contraception for Caymanian nations at no cost. Privately funded screening programmes for GI cancers, breast cancer and cervical cancers have been implemented as well as yearly "Well woman/man checks" to monitor for cardiovascular disease risk factors and diabetes. Most of these screening programmes are dependent on patient awareness and compliance and the uptake of women attending annual smear tests it still only 50%.

*Discuss the availability of palliative care services on the island.*

As well as running a busy private practice, our elective mentor was also the clinical director of the Cayman hospice, responsible for the palliative care services on the island. Cayman hospice care is a charitable organisation, which mainly provides home care services to the terminally ill patients on the island rather than inpatient facilities. We were able to visit one of the long-term



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patients and it was evident by how comfortable and at ease she was that the healthcare professionals, including Dr Hobday and the team of nursing staff and healthcare assistants, provide a very high standard of care. This patient had the most extensive pressure sores that I, along with many of the other healthcare professionals, have ever seen, with open wounds extending from the perineum to the deep tissue structures overlying the hip joints bilaterally. Despite this, the wounds were clean and there was little sign of infection. Most importantly, the patient was not in any pain.

This patient's case highlighted some of the limits of the healthcare on the islands. Firstly, this patient was evidently not cared for appropriately in the initial stages of her illness and hence her wounds have become so severe. It leads me to question the social care services on the island and their ability to identify the most vulnerable members of society. Secondly, this patient would certainly benefit from the input of specialist wound care nurses in order to try to encourage wound healing.

### *Personal Development*

Compared to my previous experience of healthcare abroad, namely last summer when I visited a rural mission hospital in Uganda, I found that there were relatively few challenges to face on my elective in the Cayman Islands. I am a firm believer in taking yourself out of your comfort zone in order to gain life experience and grow as a person. My trip to Uganda certainly did this and I was keen to seek a totally different experience for my elective. This was the main reason why I chose Cayman. Despite the comparatively affluent healthcare facilities in Cayman, I was still able to gain experience and have tried to improve my communication skills with people for different cultures. It was also an important learning experience to spend time in a private healthcare setting and to gain an understanding of the financial side of medicine. This will not only help me if I should decide to go into private practice but also give me valuable insight into the cost of medical treatments and the burden that the British healthcare system has to bare in order to provide free healthcare at the point of access for all. Above all, I have come to appreciate how lucky we are as a nation to have the NHS.