

## *Elsa Morgan –Travel Report - Medicine in Scarborough hospital, Tobago*

Scarborough Hospital on the island of Tobago in the West Indies was where I spent the duration of the elective period in the summer of 2014. For the majority of time I was based in the medical ward but I also spent time in the A&E department and in the outpatient clinics. Although the actual medical interventions and care protocols were very similar to those in the UK, with strong influences from both the UK and the US, I learnt an awful lot from observing the comparison of the healthcare system of such a distant country in contrast to what I have experienced here. This ranged from aspects as disparate to the observation of the relationship between the doctor and patient to the style of the ward rounds and the different patterns of disease burden in Tobago.

An elective in the Caribbean had always interested me because I wanted to experience and work in an environment that currently lies between a very Westernised approach to healthcare and the very primitive delivery of aid that I had heard some students experience on their electives in some parts of Africa for example. And indeed, in the main, that's what I did see. I was able to revise and see examples of importantly recognisable cases such as sickle cell crises, yet still experience occasions such as the prescription of over ten mangoes a day as a treatment for constipation and all of the ward nurses starting the day by standing in a circle holding hands and singing gospel hymns!

Scarborough Hospital is a newly built hospital and is the main hospital in Tobago catering for the island's population of 60,000. Whilst it is much larger and certainly better equipped than the previous hospital, it is still relatively small with only 4 major departments. Complex and more specialised cases have to be sent to neighbouring Trinidad or in extreme cases as far away as the US. Local care is provided through numerous 'medical centres' which were obviously very basic and relatively poorly equipped and staffed; often they seemed to be the base for an afternoon rum for the locals!

The most noticeable difference in the health of the general population was the prevalence of hypertension and diabetes. Almost all of the patients that I saw over the age of 40 or 50 had diabetes and were on medication. Undoubtedly there is a genetic contribution but it will be interesting to see if the government health department will have to tackle the increasing burden of lifestyle related diseases (as has been the case with other countries) as the population wealth increases and the traditional Tobago diet and work undergoes a significant shift.

Undoubtedly I would recommend an elective placement in Tobago. The days in the hospital were supplemented by visits to amazing picturesque beaches and waterfalls; hair-raising drives through the rainforest and the sampling the local delicacies of crab, goat and fresh coconuts (though not at the same time...). It provided me with a fantastic opportunity to put my clinical skills into action whilst simultaneously learning about the existence of different approaches and attitudes to relatively similar diseases and health problems that we experience in the UK.