A COMPREHENSIVE HOSPITAL SERVICE FOR CARIBBEAN TERRITORIES

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The territories of the English speaking Caribbean extend from Belize in the west and to Guyana in the east. They include:

(a) the larger independent countries of Bahamas, Jamaica, Trinidad and Tobago, Barbados, Guyana.

(b) the smaller territories - independent countries, Associated States and colonies.

THE LARGER TERRITORIES

Bahamas

The Princess Margaret Hospital has recently been renovated and there is provision for all the major specialties. There was an arrangement for treatment in the more specialised disciplines. Neurosurgical problems were either sent to Miami, or there were regular visits by neurosurgeons from Miami. Cardiac surgery problems were referred to North America or University Hospital, Jamaica. The facilities for opthalmology were adequate at one time. I do not know what is the present position. A plastic surgeon used to visit from Miami. There did not appear to be a major problem in ear, nose and throat (ENT) surgery. Facilities for renal dialysis are available. At one time a dermatologist in private practice worked part-time at the hospital. The laboratory and x-ray services were reasonable. I understand there is budgetary provision for staff in most disciplines but from time to time there are vacancies.

Jamaica

Specialist services are available in one or all of the three major hospitals: University Hospital (UH), Kingston Public Hospital (KPH) and Cornwall Regional Hospital (CRH). There are neurosurgical units in UH and KPH. Patients from the smaller territories are accepted for neurosurgical investigation and treatment at UH. There is a joint UH/Ministry of Health cardiothoracic unit which accepts patients from the smaller territories. Renal dialysis is available in the UH and KPH and renal transplantation has been performed at KPH.

There is budgetary provision for all the specialist services but from time to time there has been difficulty in filling posts. This is particularly so at the present time because

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of the acute emigration problem. When services have been reasonably well-manned, much assistance has been given to the smaller territories but distance and cost of transportation from the Eastern Caribbean impose a limitation.

Barbados

Most services are available. There is no neurosurgical or cardiothoracic unit. In these areas patients are usually transferred to UH, Jamaica. Patients from Windward Islands are usually accepted for treatment at the Queen Elizabeth Hospital (QEH), Barbados.

Trinidad

Most services are available. There is no cardiac surgery unit. These patients are often referred to UH, Jamaica. Patients from the Eastern Caribbean Islands often seek treatment in Trinidad in the private sector.

Guyana

There appears to be a problem in maintaining the establishment of specialists at the present time. Many of the patients requiring cardiothoracic or neurosurgical treatment go abroad often to Venezuela or to UH, Jamaica. The diagnostic services are weak. Cost of transport imposes a limitation on number of indigent patients sent abroad.

THE SMALLER TERRITORIES

The smaller territories (independent, Associated States or colonies) have populations varying from 50,000 - 120,000 in the the independent or Associated States to 5,000 - 10,000 in the colonies.

Belize

There is provision for the major discipline. Patients requiring cardiothoracic or neurosurgical treatment are usually referred to UH. Patients who can afford to do so often seek treatment in North America or Mexico. ENT and ophthalmological services are deficient. The University of the West Indies (UWI) has, on an ad hoc basis, in the past arranged for the occasional visit by an ENT surgeon. The UWI has often in the past provided relief surgeons and visits by an orthopaedic surgeon. I doubt whether this is possible now. Routine diagnostic facilties are inadequate. Transportation cost to a centre abroad is a major problem for the indigent patient.

Cayman Islands

There has been a great improvement in the availability of specialist services recently, due largely to emigration of doctors from Jamaica. Because of the association of Cayman with Jamaica in the past, free movement of people which then existed, the fact that many Caymanians have relations and friends in Jamaica, the present good and relatively inexpensive

air service between Jamaica and Cayman and the better state of finance of the poorer Caymanians, it is relatively easy for patients from Cayman to avail themselves of the services provided in Jamaica.

Turks and Caicos Islands

Transportation to Jamaica is a greater problem than from Cayman, but it is possible for patients to obtain treatment in Jamaica.

British Virgin Islands

The services provided are limited because of the size of the population. Many patients seek or ask for treatment in the American Virgin Islands and a small number go to Jamaica.

Leeward Islands

Treatment facilities in the major disciplines are available in Antigua but are less adequate in St. Kitts. Patients requiring more specialised services are sent to Jamaica, but with changes in air-line schedules this has become more difficult and more costly in recent times. Laboratory and x-ray services are inadequate.

Montserrat, because of the population size, has a major problem in providing a comprehensive hospital service. Many patients go to Antigua, Jamaica or Barbados. Patients requiring cardiothoracic or neurosurgical treatment are referred to UH, Jamaica. There does not appear to be any ENT or opthalmology service. A few of these patients are referred to UH, but the majority probably remain untreated.

Windward Islands

Treatment facilities in the major specialties are available. There is often a recruitment problem, which is probably less in St. Lucia than in the other islands. An unscheduled American Medical School has started in Grenada and it appears there is likely to be a proliferation of similar institutions in St. Vincent, Antigua, Montserrat and elsewhere. These institutions will undoubtedly be profitable to the promoters and may boost the tourist industry of the territories but the advantage to the medical service is not yet obvious.

SOME OF THE PROBLEMS

Territories with populations of 50,000 - 12,000

These territories recognise the need for a basic comprehensive hospital service. Their economies, however, place a limitation on their ability to do this or to provide for good medical planning and administration.

In most cases it is difficult to recruit a medical administrative officer (CMO) from among citizens and they have had to rely on retired expatriate officers. Many of these are not

experienced medical administrators, have found local problems unsurmountable, have not been able to appreciate the local problems and local susceptibilities and have retired into the job for the contract period. Some have had experience and have been able men. I am convinced that until the territories can attract trained and mature, but not retired, citizens into these posts there can be no long term planning and improvement of their medical services.

The time is probably appropriate for the governments to review these posts against the background of their past experience and consider:

(a) what they expect of these officers;

(b) whether it is essential for these functions to be performed by a doctor.

Would a trained non-medical officer perform these functions just as well or better than an untrained doctor? If it is essential that the officer be medically-trained, what training or experience is required? Do they need a full-time or part-time officer? If a part-time officer, how will the rest of his time be utilised, and would this help in recruitment? If a trained non-medical officer can do the job, the training and experience required should be determined. "Training should not be equated with attendance at a short course." Should an advisory professional committee be established to advise the medical or non-medical officer?

In most territories there is provision for a consultant general surgeon, a gynaecologist, a physician, an anaesthetist and in some cases a paediatrician. The problem arises when any of these officers is on leave or when there is a vacancy. There should probably be a minimum of two officers in each of these disciplines. The second officer would not need to have a higher qualification but should have experience. In anaesthetics, the second person could be a trained nurse anaesthetist. In obstetrics and paediatrics the officers should be given responsibility for maternal and child health of the territory and not restricted to the hospital service.

There are three main problems:

(a) providing adequate cover in the main disciplines - in surgery this has always been regarded as essential but it is no less essential in the other major disciplines;

(b) providing service in the more specialised areas - e.g. ENT, ophthalmology, dermatology;

(c) providing reasonable diagnostic facilities.

Territories with populations under 15,000

These include Cayman Islands, Turks and Caicos Islands, British Virgin Islands and Montserrat. Probably with the

exception of Cayman, these territories experience enormous difficulty in maintaining adequate consultant services in the major disciplines. Even if they could afford four or five consultants, recruitment would be difficult and the officers would be under-employed. As a result they tried to employ a consultant surgeon who is expected to be a consultant in all disciplines. Such persons are well-nigh impossible to find.

UNIVERSITY ASSISTANCE

Appreciating the problems of the territories, the University of the West Indies has given the following assistance.

Whenever possible, it has provided a relief, usually in surgery or anaesthetics. Officers of these departments have volunteered to do this on a purely voluntary basis, often during their vacation. In recent years this has not been possible.

The UH has served as a referral centre for the smaller territories. This was intended to be in areas where diagnostic and treatment facilities are not available - e.g. cardiothoracic, neurosurgery. In practice, simple cases are often referred when there is no consultant. These patients, because they have had no investigations, because they cannot be discharged from hospital as early as the Jamaican patient and because of the delay in arranging travel, especially for children, usually occupy beds more than twice as long as the Jamaican patient. In some cases, delay in making return travel arrangements by the territories has been over a month. This has placed a great and often unnecessary strain on beds at the UH. In addition, only a few patients can take advantage of these facilities and I am not sure priority is necessarily given on basis of medical urgency. The cost of hospitalisation, often for "hotel" use of hospital beds, has so far been met by the UH.

Consultants in some specialities - e.g. orthopaedics, ENT - have visited some territories and conducted clinics and operating sessions. Many non-urgent cases can be treated in this way - e.g. an ENT surgeon and an anaesthetist were able to perform over 40 operations in three days in Dominica and see over 100 clinic patients; a team of general surgeon, orthopaedic surgeon and anaesthetist performed over 60 operations in St. Kitts and Nevis in one week.

The staff of the UWI has provided a postal and telephone consultation service and a consultant service in pathological histology.

Because of the frequent requests for assistance and the difficulty in meeting them, the UWI about 15 years ago made the suggestion to the territories that if the territories would provide funds for one lecturer in each of the major disciplines, the university would arrange for a senior staff member in each discipline to spend 2-4 weeks in each territory each year to provide relief services. The university in consultation with the territories would organise the programme well in advance. This would allow the consultants in the territories to plan their leave and to attend conference/refresher courses, etc.

The UWI would also be prepared to have consultants from the territories on a regular basis for observation/refresher etc. This would alleviate the feeling of isolation and be a morale booster. The cost of the lecturers, shared by the territories, would be relatively small and the UWI would try to obtain additional funds from external sources if necessary. It was proposed to start in surgery in the first instance.

The territories were enthusiastic in principle but no attempt was made to implement this proposal, and after two years of frustrating correspondence and on-the-spot discussion in many of the territories the plan was abandoned. It was felt by the UWI that it would probably have been better for the initiative to come from the territories and UWI assist in the implementation of their proposal. In abandoning its proposal, the UWI expressed its willingness to advsie and assist in any proposal which the territories make. I regret that nothing further was heard.

SUGGESTIONS FOR THE PRESENT

Since the UWI proposals, many of the smaller territories have achieved independence or associated statehood. A central coordinating body, the Caribbean Community Secretariat, has been set up in Guyana. There is now more communication between the territories at ministerial and other official level. There is an annual meeting of Ministers of Health and of medical administrators. The University has extended the Medical Faculty into Trinidad and Barbados and a second medical school and teaching hospital is now planned. Air communication between the Windward and Leeward Islands and Barbados and Trinidad has improved and telephone communication is now good.

The independent and Associated States are committed to providing an adequate basic service in the major disciplines. In order to do this they should have at least one person of consultant status and one person of competence and experience in each discipline for short term and relief purposes. Medicine, paediatrics, surgery, and obstetrics and gynaecology may be treated together, provided the officers have the competence and experience. In anaesthetics, an officer of diploma level and a nurse anaesthetist should be adequate.

In many of these territories - e.g. Grenada, St. Lucia, Dominica, St. Kitts/Nevis - there is a second hospital. By improving these hospitals and through regular visits by consultants from the main hospital, say two days per week, better use can be made of the hospitals and patients can be treated nearer their home.

Arrangements for the training of these officers should be made with the UWI. Often territories cannot from their slender resources and personnel release officers on salary for this purpose and external assistance may be required on a short-term basis.

It must be appreciated that, even though budgetary provisions may be made for these posts, recruitment may be

difficult. External assistance may be required on a short term basis but it is not the solution to the problems. The territories should agree to assist each other e.g. Consultants of the Windward Islands should be regarded as a pool, etc.

An alternative is for relief to be provided from a central point, as was suggested by the UWI. Because of relative ease of communication from Barbados, relief staff may be attached the Faculty of Medicine in Barbados.

The specialised services - e.g. ENT, ophthalmology, dermatology , etc. - cannot in most cases be provided by each territory and should be organised from a central pool. A schedule of regular visits, say for one week every two months, can be arranged. There should be an officer in each territory with some experience who can treat the patients within his competence and act as liaison with the consultant in the central pool. Again, the Faculty of Medicine, Barbados, may be an appropriate base. Barbados has in the past allowed use of its hospital beds for this purpose on an ad hoc basis. With such a scheme the demand will be greater which will need discussion with the Government of Barbados. External financial assistance may also be required.

It is doubtful whether these territories can in the near future provide good diagnostic services. In most cases these can be improved by provision of good equipment and trained technicians. In the absence of a consultant pathologist and radiologist there is often no clear definition of responsibility for the functions of the pathology and x-ray departments. I suggest that a consultant should be put in administrative charge of each of these departments - e.g. consultant surgeon in charge of x-ray and physician in charge of pathology. Arrangements can be made for consultation and for morbid histology with Trinidad and Barbados. If the technical staff are trained in processing tissues, slides for morbid histology can be prepared on the spot and sent to the consultant. This would obviate delay and reduce cost of packaging and postage. Visit of a consultant from Trinidad and Barbados can be arranged largely for on-going education of the technicians.

To a large extent a similar arrangement would apply to radiology. In most cases films can be reported on by the consultant physician or surgeon and in time a good technician should be able to carry out many simple procedures. Regular visits by a consultant, say for a few days every two or three months, should be adequate. Consultation in an emergency can be made by post or telephone.

For the Western Caribbean territories - i.e. Turks, Cayman and Belize - assistance can be arranged through UWI. Montserrat can obtain some assistance from Antigua.

Once the principle of coordinated mutual assistance is agreed, and the Government of the base territory (Barbados) and the UWI agree to support such a scheme, and the necessary financial provisions are made, the programme for the Eastern Caribbean can be organised by the Vice-Dean's Office (Barbados) and the necessary clerical assistance provided for this.