

St Lucia Elective May 2017  
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I recently undertook my medical elective at Victoria Hospital, Castries, St Lucia. St Lucia is a small volcanic island in the east Caribbean with a population around 160,000. Victoria Hospital is the largest of three hospitals on the island, consisting of 164 beds and supplies a population of 65,000. This is main public hospital for the island. I was based in the renal department under the watch of Dr Merle Clarke, consultant nephrologist. Dr Clarke is the only nephrologist on the island and is under huge pressure from the increasing rise in renal patients. My aim of my elective was to compare access to renal replacement therapy (RRT) between the UK and St Lucia.

In terms of RRT, only dialysis takes place in St Lucia, there is no transplantation programme and only very few St Lucian's have ever had a transplant, 3 to be precise. Of these 3 transplants, 2 were performed in Cuba and 1 performed in Miami, USA. There are multiple reasons why St Lucia does not have a transplant programme, mainly because of cost, setting up a organ donor programme and access to a transplant surgeon. In terms of dialysis, only haemodialysis takes place on the island, there is no peritoneal dialysis. Recently the government ran a pilot study of 5 people on PD, however it turned out to be slightly more expensive than haemodialysis therefore government decided not to continue recruitment. Also as patients in St Lucia tend to have renal disease at a young age, there were concerns about peritoneal membrane half-life and major worries about infection rates.

One of the main problems that I found evident from attending clinics and the dialysis centre was the waiting list and the fact that not everyone with end stage renal disease could access dialysis. This was mainly because of staffing, money and machine shortages. On the island there is 22 dialysis machines, 11 at Victoria Hospital. The number of machines limits the number of patients able to access dialysis. Currently there are 69 people on dialysis at Victoria with 59 patients with known stage 5 CKD on the ever growing waiting list. A further 172 people with stage 4 and 200 with stage 3 that will soon require dialysis. One thing that shocked me was that Dr Clarke had to be very selective with the patients that she choose to have dialysis, she preferentially chose younger, non-diabetic patients as their survival benefit is greater. Along with limited machines, there is also limited staff. There is a shortage of dialysis nurses with only a small number of them having specific training, the majority just have on the job training. At the moment the dialysis unit does 3 shifts a day but there is not enough staff to extend this to 4.

Money is obviously a major reason why access is limited. The health service in St Lucia is funded by a combination of sources; government budget, donor contributions, private insurance and out-of pocket payments. The government provide free healthcare including prescriptions to all diabetics, which covers the majority of dialysis patients in St Lucia. For others, dialysis costs 150 East

Caribbean dollars (around £42) per session that is a large expense when you have at least 3 sessions per week. However Dr Clarke did say that the majority of patients just do not pay and the government does not seem to follow it up. With the long waiting lists, more dialysis machines are needed. However one machine costs around \$30,000 so the hospital mainly relies on donation to provide new machines. A recent donation from the Civil Service Cooperative Credit Union of \$150,000 allowed the hospital to purchase two new dialysis machines as well as providing money for medications and dialysate fluid.

There is hope for healthcare in St Lucia as a new European Union funded hospital; the Owen King EU Hospital is set to be opened this year. This will provide 11 new dialysis machines, making a huge difference to accessing RRT.

Spending a month in St Lucia gave me a real insight into the vast difference between healthcare in the NHS and public hospitals in St Lucia. It also made me appreciate how valuable the NHS is and how lucky we are to be both doctors and potential patients in a healthcare system that is one of the best in the world and where healthcare is almost unlimitedly free.