

Dominica's Hospital and Health practice
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“All citizens have the right to attain the highest possible level of health in order to be able to work and live in accordance with acceptable standards of human dignity at an affordable cost.”

-Government of Dominica's National Health Sector Plan

Dominica's hospital system partners with the government of Dominica to insure the best health care for its people. With that in mind, one must analyze the historical basis for this reasoning, responses to statistical and political ramifications including primary and secondary care, hospital organization and financial and domestic situations to better understand the situation. Dominica strives to provide access to healthcare for its people and is successful at doing so. This research paper will commence with some important background information regarding the demography, current health statistics and current national status in regards to the commonwealth of Dominica as it applies to health care, and conclude with hospital facility and personal testimonies.



Dominica has characteristics of a declining population in regards to the amount of emigration and a decline in population number (3.3%) over a 10 year span (1980 and 1991). The population is relatively young as the main group of people are between the ages of 25 through 35 which consist of 40 percent of the population and a third of the are under 15 years old. (PAHO)

In terms of health related statistics, Hypertension , heart , and circulatory diseases are the most predominant ailments, ill-defined and death related-causes. Children under 5 years old suffered from premature birth, congenital anomalies and respiratory distress syndrome. Women of childbearing age are defined as the most at-risk group and the elderly have the highest rate (at around 70 percent) of death and depression. Sexually-transmitted diseases are underreported and are on the rise with previously reported sightings of syphilis, HIV, and Gonorrhoea .The major mental illnesses are schizophrenia and depression. (PAHO) The health care system is focused on

treating cases with diabetes and hypertension primary health care and secondary health care services.

In 2000, Dominica's health system was rated number 35 in the world by the United Nations. Life expectancy has increased 1.1 years over the 1985-1990 to 1991-994. Immunization has reached 100 percent which is an important statistic because vaccinations have prevented diseases like measles from showing up in Dominica. The only "vector-borne" disease significant to Dominica is dengue fever caused by the *Aedes aegypti* mosquito though it is easily treated and affects an average of 3 people per year. In the past however (1995), dengue fever became an epidemic and affected 148 people that year. (PAHO)

Dominica has a two-tiered organized structure consisting of primary and secondary care for the 7 designated health districts. The health districts each employ a health care unit that goes door to door in Roseau and its surrounding towns and villages to vaccinate or treat each household. These 7 districts and 40-45 clinics were organized in 1979 right after the disasters incurred by Hurricane David. In the aftermath, a systematic and efficient organization of health services was structured to tailor itself to the local and nearby public. It stressed health training, administration, improving secondary care, human resources and supply management. The main focus was to provide a government paid service to its people. Many Dominican born doctors receive their training from Cuba, Puerto Rico, and the United States. Their primary care has a high affiliation with Cuba who collaborates with the health system in Dominica. Nurses are trained here but many certified nurses are sought after from other countries and Princess Margaret hospital encourages nurse training in other countries with scholarships and financial aid.

According to Clem, our tour guide, many and doctors who are encouraged to go to other countries find a lack of reason to come back. Doctors and nurses here are paid almost 1/3rd of the average American Doctor and jobs and opportunities seem more desirable in other parts of the Caribbean.

Princess Margaret hospital is the main hospital in Dominica. It was named after Princess Margaret, Queen Elizabeth's sister, after she visited the island in 1955 coinciding with the completion of the new hospital in Roseau. She was also patron of the UK Dominica Disaster Relief Committee in 1979 after Hurricane David severely damaged the hospital. (Honychurch)



Upon visiting, there were 17 main buildings and divisions that were significant. Princess Margaret combines the facilities of several different fields that are sometimes separated in the American Hospital system including a psychiatric ward, polyclinic and blood donor center to name a few. Princess Margaret has the following:

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| 1) Mortuary | 7) Shed | 13) IMRAY Glover ward |
| 2) Utility Block | 8) Proposed theater | 14) Polyclinic |
| 3) Private ward | 9) Theater | 15) Dawbiney ward |
| 4) Central Med stores | 10) Alford Ward | 16) Maternity |
| 5) Blood donor center | 11) Psychiatric Ward | 17) Guard House |
| 6) Store room | 12) Lab | |

The administration building is a three story office headed by the hospital administrator and facility coordinator. The canteen, which is where the staff eats, is in a separate two story-building with the washroom downstairs and the cafeteria upstairs. The hospital administrator, Mrs .Birmingham, coordinates with the head of nurses who is located in a separate health sector, the government's health representatives, and the hospital administration's staff. She frequently has to travel around Dominica to have meetings with other public health officials. The facility coordinator, who I had a chance to talk to, said that she oversees more internal managerial issues such as nurses, janitorial, office jobs, security, on a day by day basis. The doctors have a different schedule from the rest of the staff as their services are scheduled in upon demand to see patients and are used in rotation periodically but are not there consistently as the rest of the faculty are.

. In the waiting area, there is an appointment room, accountant booth, and pharmacy all in one area. For non-emergencies, you would go to the appointment room to get a time and date and the accountant room was where one would pay a 5 dollar surcharge to then get a ticket to take the nearby pharmacy. A discharge area is also available for patients to sign out. There is a separate emergency area staffed by a booth and consisting of a small waiting area. There is a radiology room and Neurology clinic and an eye care center all in the main hall. The pathology laboratory offers services such as screening for cervical cancer and conducts testing of diseases. About 15,100 Pap tests were examined between 1992 and 1995. Women have universal coverage in all public health service providers including Princess Margaret Hospital. The Psychiatric Ward

mostly has patients that are alcoholics, drug abusers, and those suffering from depression and schizophrenia. It has its own facilities apart from the main hospital area.

I interviewed three previous patients of Princess Margaret Hospital with two different ethnicities. Roysen Henderson and Kendall Pascal , two Dominican citizens, talked about their experience in the hospital. Another interview conducted was for the American perspective offered by Professor Patrick McMillan of Clemson University.

Roysen Henderson was playing basketball when he fell and was diagnosed with a 3rd degree ankle sprain. He went to the hospital and they wrapped it up with a brace where afterwards, he was prescribed pain killing medication. The medication cost 5 dollars and the X-ray was an additional 40 dollars. The government subsidized his hospital payment as there was no hospital insurance needed. He was released after he got his medication and everything was dealt with in an efficient manner.

Kendal Pascal had a motorcycle incident and was also treated the same way Roysen Henderson was treated. He was attempting stunts with his motorcycle when he fell and gashed his leg. He also paid a 5 dollar surcharge and received stitches, gauze and was discharged shortly thereafter.

Patrick McMillan broke his foot and was put in a situation to pay for medical care before he received any kind of attention from the doctors. He was out of money but promised he would come back to pay. The nurses subsequently allowed him to be put on a wheelchair and wheeled to one of the doctor's rooms. An interesting addition and small note was that a dog had followed him all the way from the hospital's main waiting hall to a doctor's check up room at this time. Another interesting observation was that his experience differed from the experience with Roysen Henderson, a native of Dominica,

though they had almost identical injuries at the same time frame. Patrick's experience was not a happy nor a comfortable one as a man on a stretcher next to his room continued to scream in pain. A doctor came but then stated that he would not see Patrick until he had a receipt from the main hall. Patrick then stumbled outside with his foot injury without a wheelchair this time. He eventually convinced a nurse to give him a receipt where he then went back to the doctor's room to wait on the doctor. After awhile, the doctor did not show up and he went out again asking when he would have service. The nurse told him the doctor went home and that a new doctor would come in so he waited a little while more until the new doctor came in. The new doctor asked for a receipt so Patrick gave it to him. This doctor, Cuban trained, then proceeded to turn his ankle one way and then another incurring further pain on his ankle. He then asked him to pay for an X-ray which cost 180 dollars U.S. Patrick paid in Australian money and the doctor gave him ice to take back home with him as nothing was broken. He later on went to a hospital in America and received word that he tore two ligaments in his foot.

I conversed with a pharmacist at the hospital named Mr.Zeroue who talked about the understaffing of the pharmacy and how they were short of people and the efficiency was very low. They would staff 4 pharmacists at a time; however, they really needed around 6 to 7. He would take prescriptions and take medication from the cabinets that were medications for general ailments such as colds, pain killers, steroids and depression. For more specific medications, he would go in the backroom and take medication from the pharmacists that labeled and divided the medicine. He said a common theme was that a line of 7 people could take an hour to process. He also talked about the nursing staff and how it was understaffed with registered and certified nurses, and that additional help

was always needed but due to the financial opportunities provided by working outside of Dominica, he did not see a very good future for the nurses and doctors receiving significant help in the future unless serious policy were to be enacted.

There were moments where the government was stretched very thin and could not provide the necessary financial backing to reach its goals. In 2002, due to the economic stress, the main hospital sent out a plea in the national newspaper for medical supplies as it was about to run out of basic essentials such as bandages, gauges, and injections. It asked for donations from the readers as the government could not support its financial short comings. One major obstacle it still faces is the quick response and ambulatory services to and from the several districts as it is very limited. (Fontaine)



In 2002, Samuel J Christian, MD made an evaluation of the current situation and asked that the Dominica Overseas Doctors (D.O.D) “shall commit to return home every 3 to 5 years to relieve and augment the pressing medical man power situation in Dominica.” Doctor Christian provides reasons why a Dominican doctor, foreign trained and employed should come back to the country to help it grow in services, knowledge, and experience. The hospitals here are very understaffed and he is asking for his counterparts to help support the land they According to Professor Karen Kemper of Clemson University, Dominicans take great pride in their health care service and its ability to provide adequate care. Through it’s up and downs, they feel that the efficiency, reputation and experience has exceeded what they are given and do not view themselves as inferior to any other health system from different countries. A lesson can be learned from Dominica and its public health situation. The

simple lesson can be characterized by, the Sisserou parrot, the central emblem of the national flag. The people of Dominica chose this as a symbol of flight toward greater heights and fulfillment of aspiration. And like what the parrot symbolizes, there is the same hope that can drive other people for the overall benefit of a country in dire need of hope.

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