

SBNS Caribbean Training Fellowship Report – A Lawrence

Before departing for my Global Health Fellowship, many colleagues, friends, and family jokingly imagined three months spent on a tropical Caribbean island—lounging on beaches and drinking rum under the sun. While the setting was indeed beautiful, the reality of the experience was far richer, more demanding, and ultimately far more rewarding. I undertook this fellowship with clear objectives: to gain exposure to neurosurgical practice in a low-resource setting, to understand the challenges and innovations inherent in delivering highly specialised care under such constraints, and to develop greater cultural competence, adaptability, and resilience that I could bring back to my practice in the NHS.

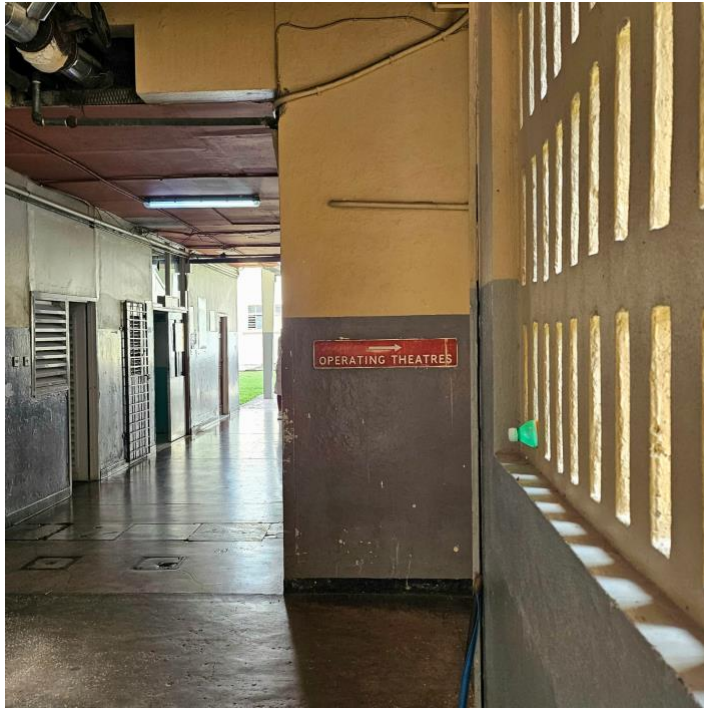
Jamaica operates a tax-funded public healthcare system that offers free or subsidised treatment. However, the public sector is significantly strained, with severe overcrowding and limited resources. In practice, “free” care often covers only a narrow range of services. Patients frequently need to purchase essential surgical materials themselves—including aneurysm clips, coils, spinal instrumentation, and even basic consumables such as microscope drapes or arterial line equipment. Many medications, including Nimodipine and certain



Christmas on the Wards

antibiotics, are also not routinely provided. Imaging is often paid for out of pocket. This hybrid funding structure creates substantial barriers to care: many patients are unable to afford elective procedures, while others experience prolonged inpatient delays as they gather funds from family, friends, or community networks.

Neurosurgical services in Jamaica are delivered across four public hospitals: the University Hospital of the West Indies (UHWI) and Kingston Public Hospital (KPH) in Kingston, Cornwall Regional Hospital in Montego Bay, and Bustamante Hospital for Children. During my fellowship, Cornwall Regional Hospital remained non-operational following extensive damage caused by Hurricane Melissa, resulting in a centralisation of services to Kingston. I was primarily based at UHWI, with increasing time spent at KPH toward the latter part of my placement. UHWI is situated in the foothills of the Blue Mountains, while KPH serves the dense urban population of downtown Kingston which also being a regional trauma centre.



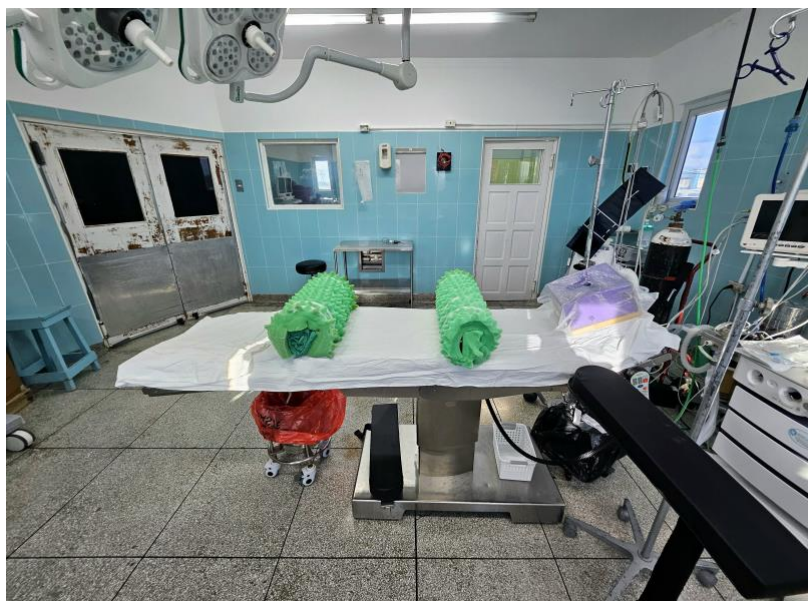
This way to the Operating Theatre (UHWI)

The working structure differs from the UK. Resident doctors are expected to work every day, with 24-hour on-call shifts and no protected recovery period. During my time, there were only three residents at UHWI, resulting in a demanding 1-in-3 on-call rota. The clinical exposure was extensive and varied: on-call work was heavily trauma-focused, with a high incidence of machete injuries and road traffic collisions, while outpatient clinics frequently involved patients presenting late with advanced pathology.

Operating theatre conditions were often challenging and unpredictable. Equipment

availability was inconsistent, and adaptability was essential. On several occasions, malfunctioning drills or absent drill bits necessitated the use of more rudimentary tools such as a Hudson brace and Gigli saw. One particularly memorable experience involved travelling to Savanna-la-Mar, a region significantly impacted by the hurricane and only recently reopened. We undertook a four-hour journey to operate on a young man who had sustained an unstable lumbar fracture following a motorbike accident.

The journey itself was sobering as the sun rose, the extent of the hurricane's devastation became clear. Many homes were roofless or covered with tarpaulin, trees were stripped or uprooted, and the roads were heavily damaged, making travel slow and arduous. Upon arrival, the local team had prepared the theatre, but once the operation began, we discovered there was no suction or bipolar cautery available. Despite these limitations, we successfully completed the procedure. Seeing the patient return to clinic weeks later, walking and recovering well, was profoundly rewarding and remains one of the more impactful moments of the fellowship.



Operating Theatre in Savanna-la-Mar

Having trained exclusively within the NHS, this experience provided invaluable insight into practising medicine in a fundamentally different healthcare system. Working within a setting shaped by distinct cultural, economic, and systemic factors enhanced both my interpersonal and intrapersonal skills. Conditions and pathologies that might be considered routine in the UK required new approaches, as familiar protocols were often not feasible. Ethical dilemmas surrounding resource allocation were frequent and required careful, context-sensitive judgement.



A Pub on Treasure Beach

This fellowship demanded resilience—both physical and emotional—in a way that is difficult to fully appreciate without direct experience. While my operative logbook reflects a solid volume of cases, it does not capture the breadth of learning gained. Ultimately, this experience has shaped me into a more adaptable and well-rounded surgeon, better equipped to face challenges with pragmatism and perspective. I thank the SBNS for this opportunity and for sponsoring my fellowship as well as the BNTA travel award. I actively encourage others to consider this fantastic opportunity.



A Fellowship is never truly work work work...