

Medical travel in the Netherlands Antilles: analysis of Caribbean healthcare system

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INTRODUCTION

The current healthcare system in the Dutch Caribbean is flawed with much inefficiency and vast improvements can easily be attained with simple steps. The first port of call, in the case of a medical circumstance is St. Maarten. Primary diagnostic equipment is not available for full patient care on the islands of St. Eustatius and Saba, forcing patients to travel to St. Maarten for simple diagnostic tests. This lack of resources is unnecessarily costly to the Dutch Netherlands and wasting more time of the residents than needed.

OBJECTIVES

The objective of this research was to analyze, critique and improve the current patient medical diagnosis system on St. Eustatius and Saba. Currently, the process is based on sending patients off to better equipped hospitals on St. Maarten, for diagnoses and basic treatment. This research analyzed if this process could be improved by the addition of diagnostic tools such as an Ultra-sound machine to more efficiently diagnose and if possible, treat the patient without the additional travel. Currently, on average 40 patients per week are sent to St. Maarten for regular checkups and simple diagnostic tests. A large portion of these patients could be diagnosed on their home island once the necessary equipment is provided. It is expected that with this simple change St. Eustatius and Saba will not have to rely solely on neighboring islands to fill their medical needs.

METHODOLOGY

The health insurance department of St. Eustatius and Saba were contacted for information regarding the flow of patients on and off the

islands. Costs of bringing diagnostic equipment to these islands was compared to sending patients out for primary testing. Information was compiled to discover trends in common ailments for patient travel and commonalities were found which could be tackled with standard equipment. The General Practitioners that reside on the islands of St. Eustatius and Saba were also interviewed. Information about the patients was gathered and recommended equipment that would significantly reduce the flow of patients was discussed with solid evidence of its need. Patient care and medical training needed with arrival of such equipment and any current staff shortages were also considered.

RESULTS

When looking at the findings as a whole, it was discovered that a large portion of the residents leaving the islands for medical purposes shared common ailments. It was found that these numbers could be reduced by at least fifty percent with simple equipment. When looking at the costs of travel for each individual patient it was determined that it would be cost effective to bring an X-ray machine and ultra-sound machine to each island.

CONCLUSIONS

By adding necessary diagnostic tools to the hospitals repertoire, the islands would streamline the healthcare of patients and reduce government spending on medical travel. The saving could further aid social welfare initiatives to improve the overall healthcare of the local residents.

Key words: underequipped hospitals, cost efficiency, caribbean medicine.

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