

HEALTH CARE ON SMALL ISLANDS. WHAT MAKES ISLANDS DIFFERENT?

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This presentation describes observations made during a review of health services on the Isle of Man and later developed during a review of published and unpublished literature pertaining to health care on small islands for the World Health Organisation.

Small islands have many special features, but most of these features do not present unique problems not encountered elsewhere, for example, the isolation encountered in remote mountainous areas. As each island occupies a unique niche in the multi-dimensional matrix of size, distance from larger land masses, climate, population, self-reliance, relative wealth, whether the island is a single island or part of an archipelago, and extent of cultural isolation, each island has its own unique constellation of problems from within the overall range of common experiences.

Some of the common problems encountered by island populations are:

1. communication difficulties, leading to insularity,
2. small population not reaching the critical mass needed to make the provision of specialists or expensive facilities viable,
3. achieving the appropriate balance between island residents being sent elsewhere for treatment and visiting health care staff being brought in,
4. difficulty recruiting and retaining certain categories of the more highly-trained staff,
5. professional isolation,
6. in the more isolated communities, the double-edged sword of reduced exposure to certain pathogens and therefore greater susceptibility to epidemics of infectious diseases OR the potential for eradication of infectious disease organisms from the island.
7. There has been much speculation in the literature about the potential effects of a low pool of genetic diversity leading to increased prevalence of certain genetic disorders (or at least unusual effects), but little evidence that this has had a significant effect on human health.

Steps which can be taken to address the above problems by health care systems on islands include:

1. orientation towards primary care,
2. attempts to improve accessibility of services to island residents,
3. practitioners who are generalists,
4. training of non-medical staff to assess when medical attention is needed,
5. established channels of communication for expert advice,
6. links with larger population centres for training and to avoid professional isolation.
7. regional cooperation,
8. respect for local practices,
9. flexibility in staffing and working arrangements,
10. technological solutions to geographical separation (from simple radio, to the transmissions of digital images via telecommunications, to the Internet).