

**An Interview with St Lucia's Solo Otolaryngologist**

C Rizan, HA Elhassan

**ABSTRACT**

Dr Leonard Surage is the Chairman of The Caribbean Association of Medical Councils, founding member of Caribbean Otolaryngologist Association and founder of St Lucia's Monitoring & Accreditation Committee for Medical Schools. He is the solo otolaryngologist on the Caribbean island of St Lucia. This interview provides an insight in utilising limited human and physical resources whilst developing services and clinical governance in challenging conditions.

**Keywords:**

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From: <sup>1</sup>Department of Otolaryngology, Royal Sussex County Hospital, Brighton, UK.  
<sup>2</sup>Department of Otolaryngology, Morriston Hospital, Swansea, UK

Correspondence: Dr C Rizan, Department of Otolaryngology, Royal Sussex County Hospital Eastern Road, Brighton, BN25BE, UK. E-mail: [chantelle@rizan.co.uk](mailto:chantelle@rizan.co.uk)

## INTRODUCTION

I would like to share with you a truly inspiring encounter I had in 2015 with St Lucia's sole otolaryngologist; Dr Leonard Surage. Aside from tending to the island's Ear Nose & Throat (ENT) needs, Dr Surage has made major contributions to numerous organisations throughout the Caribbean including:

- Chairman of Caribbean Association of Medical Councils
- Vice chair of St Lucia Medical Council
- Founding member of Caribbean Otolaryngologist Association
- Founding member of St Lucia Monitoring & Accreditation Committee for Medical Schools
- President of St Lucia Medical & Dental Association

I interviewed Dr Surage whilst undertaking my medical elective (March 2015) at The Victoria Hospital; St Lucia's largest public tertiary hospital which holds 160 beds and hosts 43 doctors (**Figure one**). The following interview provides an insight into practicing and developing otolaryngology with limited resources.



Figure: Dr Leonard Surage and Dr Chantelle Rizan in the Victoria Hospital theatres overlooking Castries port, St Lucia

### **The Interview**

#### ***What made you decide to become an ENT surgeon?***

I was already doing the postgraduate course in surgery at the University of West Indies (in Barbados) and I noticed that a lot of St Lucians were coming for ENT services in Barbados. I discovered that there were no ENT specialists in St Lucia and none in training. Those who

could afford a plane ticket came to Barbados, but a large percentage of St Lucians could not afford to get their care. I had a clear vision of what I needed to do- I branched into ENT.

***What does the ENT team comprise of in St Lucia?***

Well the ENT team is me! Sometimes I'm lucky enough to have a house officer but most times I am alone. The island is divided into a north and a south part. The northern hospital carries the bulk of the workload with a population of 175,000 and the other hospitals are 40% of the population but spread over a much wider geographical area. However, I have been the lone ENT surgeon for the past 23 years.

***What would be your typical Monday?***

So first thing, around eight o'clock I see the patients who are critical or need an urgent review. I proceed to do a government clinic until around 12, then usually if there are any casualties requiring surgery I try to do these in the afternoon. I can then go to my private office. All of us consultants are part time employees... you [tend to] give 50% of your time to the government hospital.

***Do you end up covering areas that are not strictly within the ENT remit?***

I deal with all the thyroids on the island including endocrinology side of things. For ophthalmology I do intra-orbital and extra-ocular work sometimes; you know... bullets lodged in the orbit. And maxillofacial, I do all the mandibular and facial-maxillary fractures...

***What sort of emergencies present to your ENT department?***

A lot of emergencies are road traffic accidents as well as violent injuries like gunshot wounds, machete chopping wounds, knife wounds... a lot of head and neck trauma due to violence, abductions, group fights. They are becoming more frequent actually.

***What's your favorite operation and why?***

I like the removal of the pre-auricular sinus. It's a fairly delicate, neat operation & the level of satisfaction is tremendous and most times it never comes back. Usually the patient will have had 7 episodes of pre-auricular sinus abscesses by the time I see them so they are very pleased.

***How are the operations funded?***

The government does the costing. Operations are divided into minor, intermediate and major and the public is generally charged 250XCD (1 Eastern Caribbean Dollars= 37 US cents), intermediate 500XCD and major 1000XCD.

***What is the most challenging aspect of your job?***

The challenging part is the support structure. You do not have the equipment and you do not have the support staff. For example a 1 year old may have a peanut in his lung for several days and you have to remove it with very old bronchoscopes with poor lighting and you don't have the right fittings.

***How do you see the future of clinical governance in St Lucia?***

We are beginning to do more regular auditing and ward rounds are becoming more formalized too. At the moment accountability is very weak! Our medical practitioners are also now undergoing mandatory re-licensing. Over the last 3-4 years continuous medical education and continuous professional development have become really big issues for us.

***Could you tell us about The Caribbean Association of Medical Councils, as Chair?***

Each of the Caricom states are independent political entities and therefore each of them has a medical registration body of its own. In around 2003 the Caribbean Association of Medical Councils was developed to offer guidance across different countries, to allow the free movement of medical professionals across the Caribbean states. This will be good for our training. For example, two St Lucians are currently in Cuba doing their ENT training. I hope

these two members will come back here to develop a more comprehensive ENT service where we can drift into sub-specialisation in terms of otology, rhinology and head & neck.

*Thank you for your time!*

## **CONCLUSION**

From resourcefulness and entrepreneurship to endurance and resilience, there is much to learn from engaging in dialogues with our otolaryngology colleagues in the developing world.