The Sun is Shining: A Glimpse of Rheumatology in Jamaica

In Jamaica’s 2008 national health survey, it was reported that five percent of adults between the ages of 15 and 75 years had self-reported arthritis, but that based on the total population of 2.7 million, there may be upwards of 50,000 people with significant rheumatic diseases that require treatment. Dr. Desirée Tulloch-Reid, who has been practising on the island since May 2009 after completing her rheumatology training in Toronto, is one of three rheumatologists in Jamaica. She states that even though it is impossible to treat the entire population with direct patient care to the patients who need it, things are never boring!

Dr. Desirée Tulloch-Reid grew up in Kingston, Jamaica, “the capital city of a very special island in the Northern Caribbean.” She stated that her eventual choice to become a rheumatologist was a gradual process, peppered with chance encounters with Canadian rheumatologists, family members affected by rheumatic diseases and a pronounced interest in lupus. “[When I was training to become a doctor] we were naturally exposed to rheumatic diseases a lot, primarily lupus, on the medical wards, but I probably did not grasp then that these conditions were occurring with particularly high frequency and severity in our population. In fact, by the time I graduated I had little concept of rheumatology as a specialty—we had only one rheumatologist on the island [at the time], and I had never actually met him,” she said. After her internship, Dr. Tulloch-Reid pursued training in primary care, but feeling ill-equipped to manage well the growing burden of chronic diseases in the Jamaican population, she pursued her residency training in the U.S. There, preventative medicine is the core of internal medicine, she said.

Traveling Abroad

It was at the University of West Penn that she was exposed to rheumatology as a specialty. “The chief of medicine and several faculty members were rheumatologists, and I had a chance to work with them in the academic setting and in the community. In the U.S., arthritis is the number one cause of disability in the population and is taken quite seriously. It struck me then how undeserved we were in Jamaica,” she said. “It was lupus that moved me the most,” she continued. “[It is] a condition that severely affects young women, even more so within the Afro-Caribbean population. [It was then] I made up my mind to [become a rheumatologist].”

Presently, Jamaican English-speaking doctors must typically pursue a formal fellowship in rheumatology abroad. For four years, Dr. Tulloch-Reid pursued her training at the University of Toronto. “Among the [rheumatology] programs, Toronto’s was the largest and seemed to offer the most diverse experience in terms of population and faculty,” she said. “Canadian training has a tremendous reputation for excellence and is highly regarded in Jamaica and the Caribbean. In the field of rheumatology especially, Canada looms worldwide, and so it was an easy choice.”

On the Island

Even though Dr. Tulloch-Reid says it is great to be home and to make a difference in her community, learning to practice rheumatology in Toronto and returning home to Jamaica did present a few obstacles. Both settings are quite different, from the terms of disease patterns, to the available resources, to the interactions and expectations between the physicians and their patients. Though the setting can sometimes be challenging, Dr. Tulloch-Reid said that she is learning much from her colleagues. “One of the things I am learning from my colleagues and my patients is how diagnosis and management of rheumatic
diseases differ in tropical settings where populations, disease patterns and available resources differ from those in North America,” she said. “For example, there is a fairly high prevalence of sickle cell disease and certain infections, such as HIV, HTLV-1 and tuberculosis, are endemic, and [therefore] feature more prominently in the differential diagnosis or may complicate the diagnosis or treatment. One is obliged to adapt one’s approach to this.” However, Dr. Tulloch-Reid did state that generations of clinicians and researchers in Jamaica have contributed tremendously to the knowledge pool, especially Dr. Karel DeCeulaer, whom she says is an invaluable source of information. Dr. DeCeulaer has been practising rheumatology (mostly solo) on the island for more than 30 years.

“One must also learn how to manage patients safely and effectively in a resource-limited situation,” she said. “Obviously one has to be prepared to make full use of clinical/bedside skills, be selective in use of investigations, and at times, flexible with treatments. This is something the growing rheumatology community in the developing world may have a lot to teach each other—and possibly the world in general—as healthcare costs continue to escalate in North America and Europe.” She also states that adapting to culturally accepted and effective forms of learning is very important, as the language of health and illness may be different, as well as the concepts of body and health when communicating with the patients and/or the community about their conditions and treatment/therapy options.

Even though the climate and resources are different, Dr. Tulloch-Reid said she does not have any training gaps. “I had the chance to work with experts in almost every branch of rheumatology, and that was invaluable. I am glad I had the chance to work with excellent pediatric rheumatologists at the Hospital for Sick Children [in Toronto] as I am called upon to see children here from time to time. But some further adaptation and learning when you leave the training environment is inevitable,” she said.

Kingston Public Hospital
Dr. Tulloch-Reid spends most of her time at the Kingston Public Hospital, a 200 year-old public institution and the largest tertiary referral centre in the English-speaking Caribbean. More than 100 new patients have been enrolled since she began working there five months ago. Most of these new patients are previously undiagnosed and treatment naive, leading to hectic days in the clinic. She also has a private rheumatology office that is open two afternoons a week and has approximately 200 patients under her care. However, she does state that the conditions of her patients at the hospital tend to be more severe. When not practicing rheumatology, Dr. Tulloch-Reid states she takes time to teach medical students and residents, as well as do presentations for general practitioners and community groups in an effort to raise awareness of rheumatology and rheumatic diseases in her community. “Another challenge is to make time for essential research that can have a wider impact on resource allocation and development in patient care,” she said.

All of the three Jamaican rheumatologists Dr. Tulloch-Reid, the previously mentioned Dr. DeCeulaer, and Dr. Keisha Maloney are based in Kingston, located on the eastern part of the island. But, her two colleagues each take the time to travel to Montego Bay once a month, the main city on the west coast. Still, with only three rheumatologists on the island, Dr. Tulloch-Reid said they are well below the World Health Organization’s standards which state they need at least 30 rheumatologists to properly treat the Jamaican population. Though she is not aware of any open recruitment efforts, Dr. Tulloch-Reid said she is hopeful that with more exposure to the specialty, more medical trainees will take interest in the field.

Even though there are many people to treat, the days are hard and the hours long, Dr. Tulloch-Reid states that, if someone were thinking about becoming a rheumatologist, they should go for it. “The field is rapidly expanding, science and treatments are advancing, and it has never been as exciting to be in rheumatology as it is now,” she said. “This specialty draws heavily on internal medicine and definitely keeps you on your toes. And more than anything else, you will be making a real difference in the lives of your patients.”

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