There are many differences, but also similarities within our two systems. The system is chronically underfunded by the government – and the departments run with much less staff than they need. The doctors are innovative in the ways they work, in order to manage their workload, while protecting some work life balance. They work closely in teams, and direct themselves to where the need is greatest. The also cross cover different health centres across the island for provision of out of hours services.

In a system that has to focus on running emergency departments due to staff shortages there is less time for preventive medicine and health promotion. One of the community nurses, currently working with refugees, told me that they previously had health visitors conducting basic health checks in school, but that this service has been cut. Although we are experiencing significant cuts in community services in the UK, I do feel there is still emphasis on health promotion.

The spectrum of cases a GP is expected to manage is a little different. There remain a lot of acute respiratory illnesses, ENT cases and back pain but with more time spent dealing with minor injuries. The GPs at the health centre are proficient in wound management including suturing. Advanced training in minor surgery is available, but mostly this is due to GPs spending a large proportion of their training in the emergency department.

The health centre runs with a mixed paper and electronic system. The patients are triaged by the nursing staff, and have vital signs checked. That information is written down for the doctor. Patients and particularly refugees keep a lot of their own paper notes. Prescriptions and test requests are electronic. The system however is slow, and this can cause frustration when there are a lot of patients waiting. This was something I could certainly sympathise with – IT frustration.

The biggest difference is patient population. Currently on Lesvos there are 100000 Greek citizens and 12000 refugees. That is equivalent to the UK dealing with another Scotland. At the height of the crisis refugees were arriving as fast as 5000 people within a 2.5 hour period. There are three refugee camps on the island; Moria, the largest, Karatape, for families, and Pikpa, for people with health problems. Currently Moria has around 7-8000 residents, and is the first stop for people when they arrive on the island. Emergency Response Centre International, a Greek NGO, are responsible for the majority of the health care there. There are also some smaller
NGOs present in the camp. Karatape, population of around 2-3000 is looked after by Doctors of the World. The idea of a camp just for families is interesting for me. I can certainly see the benefit of creating a family friendly environment, but it saddens me that single men have to be kept from this area for safety. It also heightens the issues at Moria, as there are many single men from many cultures countries and backgrounds. Such differences need excellent planning and resources to minimise conflict, and create harmony, and sadly, it does not seem that is yet possible on such a big scale. I heard tales of sexual assault against women and homosexual men at Moria. That is devastating for these people, given that they have often already been tortured in their home country before choosing to flee. The psychological need on the island is enormous – as described above, there are few services for this at present. And finally Pikpa, a camp run by local people and volunteers, specifically for refugees with health conditions or significant psychological need. It can house up to 120 people, and has a mixture of families and individuals. There is an emphasis on care and support there, with a proudly holistic approach.

It was inspiring to hear how the people of Lesvos responded to the refugee crisis, and despite a stretched system how they continue to do their best for the refugees that arrive. One person explained this to me as there being a history on the island of refugees, previously from Albania, and many years ago from Turkey – often people have one older relative who was a refugee themselves. “Welcoming people is in the culture”. There is also innovation happening to support the refugees on the island. One example of this is the making of bags from the life jackets that wash up on the beaches. Not only are they recycling, but creating employment and giving skills to refugees, #safepassage. We in the UK could learn a lot from the people of Lesvos.

If I had to choose one take home message, it would be to smile, especially when there is a language barrier. It is so powerful, and I saw its effect again and again when the doctors were caring for the refugees. It doesn’t matter how tired or frustrated one feels by our job, or the system, that is not the patients’ problem. And they are vulnerable, they need us to care.