

ELECTIVE (SSC5c) OBJECTIVES

OBJECTIVES SET BY SCHOOL

1 Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: To understand and describe the burden of tropical disease in the Peruvian Amazon and understand how care is co-ordinated. Discuss how this relates to global health initiatives in tropical medicine.

I had expectations before I set out that a lot of what I saw would be things I knew nothing about. Its difficult to completely different to imagine what things will be like and inevitably I guess you brain must be influenced by bias's. Whilst the setting for our clinics was very different, many of the conditions we encountered were very familiar. Infact much of our job was giving pain killers seeing people with back pain, head ache, colds, asthma all things you would expect to see in a G.P. surgery, this surprised me at first. Thinking about it though these illness's are commonalities to everyone. It taught me not to make such assumptions and I guess a sense of connection as we are all victims to illness. Having said this we did see a number of things that would look very out of place in the east end, people with piranha bites, past medical histories of malaria, intestinal worms and fungal infections. One episode which stuck me was with a patient who had suffered from a meningitis infection when she was younger and had been suffering with learning disabilities and seizures ever since. Whilst there had been a vaccination programs in Peru, such global health initiatives are problematic when it comes to capturing rural areas.

Within the clinics we witnessed global health campaigns that we recognized such as anti-HIV stigma campaigns. However along with this we saw posters on issues such as sun protection and drinking water. The different health beliefs in the area put different things at the basis of these campaigns. I guess this shows the importance of exploring peoples ideas about illness as it can often uncover some problems.

2 Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: To understand and describe how medical care is delivered in extremely remote areas, to contrast this to how care is delivered in remote areas of the UK and cities.

The first place we visited on our trip was the city of Iquitos with a population of around 370,000, There is a regional hospital within the town it is a hub area for doctors and patients to travel to for serious operations and a higher level of care. A little further down the amazon we stopped off in a town called Pevas where we found a small hospital. This accommodated two wards (one male and one female) and a labor ward as well as some outpatient clinics. The nurses in clinics such as this are often from the local community whilst doctors rotate around different clinics. Only one other village contained any organized health care settings and even in that village it was not staffed by doctors full time. This meant that people had to travel by boat to access medical health care, often this journey would take many hours by speed boat

(and in some cases it might have taken days to get to Iquitos or Pevas). Most villages had access to mobile phones or radio phones in case of emergency and there were fast speed boats that could carry people if needed, however this was far from the UK ambulance response targets of 8-20 minutes. We set up our clinics in town meeting areas which tended to be schools or larger houses. Because most in the villages see doctors only a few times a year there was a large reliance on more natural forms of medicine such as herbal medicine found in the forest. Many villages have access to a shaman who will advise on such remedies however we were told by one man that he trusts medical doctors more than the shaman. To help improve public health villages would be visited by health promoters, these were not directly doctors or nurse but people that could give information and advice on general medical and public health problems.

OBJECTIVES SET BY STUDENT

3 To achieve a greater understanding of tropical medicine and the different spectrum of disease encountered in the Amazon. To understand the impact on the management of conditions that living in a remote situation has and how this affects patient's health.

The remoteness of such communities makes it difficult to manage long term chronic conditions, whereas in the UK everyone would get things such as their blood pressure checked at a GP frequently, in the jungle this was not much of an occurrence. It would be difficult to accurately measure and then titrate a response to any treatment given and any follow up would be too late. Apart from this people would not be able to see medical professionals regularly enough to get an adequate course of any long term medication, which in some conditions could prove dangerous. Even our tour guide who had been prescribed statins was unable to get hold of them unless he went into the capital city Lima (a flight away). It also felt like you weren't able to give optimum care and left you worried about the risks of side effects or allergy to medication.

The other thing that was difficult and felt very counter intuitive was that you wanted to be able to prescribe something and say if it doesn't help come back and we will change it or investigate something else. This was obviously not possible as doctors would not be passing that way for some time, by which time the cycle might start again.

One particular patient which I found rather upsetting was a young adult who had filariasis, he came in to clinic with his dad telling us he had swollen testicles and we were all wondering what that could mean. When we examined him we found that his whole genital area was massively swollen. On questioning he had previously seen a doctor and been given medicine, however it didn't seem clear that the condition had been explained to him. We gave him a course of medicine to take once every 6 months for 3 years to try to treat the infection and recommend him to go to the hospital. However whether the follow up treatment is given, particularly since the drug will not reverse what has happened and whether he can spare the several days journey to go to a hospital is uncertain. Whilst mobility and jobs can get in the way of health care in the UK, most of the time when we treat a patient or send them to hospital they will be able to get there. It was extremely hard to see these things getting in the way of someone's health, when we would never have to worry about them ourselves.

4 Personal/professional development goals.: To develop my skills in communicating medical ideas and concepts particularly where barriers of communication either of language or culture exist. To gain experience with the use of interpreters in medical consultations and use of medical Spanish. To gain experience in clinical assessment with limited access to medical technology.

My previous experience of speaking another language extends to my GCSE's I was a little apprehensive as to how much I would pick up, whilst I had been preparing some medical Spanish using it might be a different thing. I found however that once I started speaking it I surprised myself at how quickly I picked it up. I was quite nervous to try it out and sometimes I believe I relied too much on other people's confidence with the language, when I did speak out I found that I was able to communicate easier than I thought. I need to make sure that I pick up my confidence and participate more actively in things as this experience shows that when you do you learn from it.

Having said this not many people in Peru spoke English, trying to conduct a full neurological exam and explain the different steps was a struggle. I had to use motions and other gestures to indicate how to proceed, this was difficult but it was in the end possible. However some parts were more difficult than others and I felt uncomfortable in entirely relying on it.

Without access to technology our practice was quite changed, at times this was very challenging things that we take for granted as basic we were unable to properly assess or treat. This felt wrong as we were unable to offer optimum care to patients. Many people had dizziness however were unable to give a full work up of all the possible causes. Instead we had to treat the areas that we could. It was extremely upsetting when we were limited in the treatment we could give by the amount of stock we were carrying, something we would never have to think about in the UK. Particularly bad was when we had run out of folic acid to give to a lady who was pregnant as we had given it all away earlier that day. It didn't seem fair and it left you with a horrible sense of rationing. I don't think I would like to work in a health care environment where there was that atmosphere (such as under insurance firms).

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.