ELECTIVE (SSC5c) REPORT (1200 words)

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

Objective 1 Describe the pattern of disease seen on general medical wards in Cuba

The diseases I witnessed during my time on a general medical ward in a cuban hospital were the same as you would expect to see in England, for example, type 2 diabetes, cerebrovascular disease. This is unusual for a country with such a low GDP and is thanks to an incredible primary care and public health system.

In virtually every critical area of public health and medicine facing poor countries Cuba has achieved undeniable success; these include most prominently—creating a high quality primary care network and an unequaled public health system, educating a skilled work force, sustaining a local biomedical research infrastructure, controlling infectious diseases, achieving a decline in non-communicable diseases, and meeting the emergency health needs of less developed countries

Objective 2 Describe the pattern of health provision in relation to the country which you will be working and contrast this with the UK

The Cuban system is based on healthcare as a human right rather than a commodity. Every Cuban citizen has access to free healthcare. As in the UK, the Cuban government operates a national health system and assumes fiscal and administrative responsibility for the health care of all its citizens. However unlike the UK there are no private hospitals or clinics as all health services are government-run. Cuba has the highest patient-per-doctor ratio in the world with one doctor for every 170 citizens, the UK in contrast one doctor for every 369 citizens.

At a gross level the structure is similar to that of the UK, the first level being primary care, provided by family doctors within the community, the next level of care is within hospitals and the final level being provided by institutes, the equivalent of tertiary centres in the UK. At the level of primary care the system differs from that of the UK.

The success of the Cuban healthcare system has been achieved through disease prevention, with the main focus on public health and primary care.

Family physicians, along with their nurses and other health workers, are responsible for delivering primary care and preventive services to their panel of patients — about 1000 patients per physician in urban areas. All care delivery is organized at the local level, and the patients and their caregivers generally live in the same community

All patients are categorized according to level of health risk, from I to IV. Smokers, for example, are in risk category II, and patients with stable, chronic lung disease are in category III. The community clinics report regularly to the district on how many patients they have in each risk category and on the number of patients with conditions such as hypertension (well controlled or not), diabetes, and asthma, as well as immunization status, time since last Pap smear, and pregnancies necessitating prenatal care

Every patient is visited at home once a year, and those with chronic conditions receive visits more frequently. When necessary, patients can be referred to a district polyclinic for specialty evaluation,

but they return to the community team for ongoing treatment. For example, the team is responsible for seeing that a patient with tuberculosis follows the assigned antimicrobial regimen and gets sputum checks. House calls and discussions with family members are common tactics for addressing problems with compliance or follow-up and even for failure to protect against unwanted pregnancy. In an effort to control mosquito-borne infections such as dengue, the local health team goes into homes to conduct inspections and teach people about getting rid of standing water, for example.

Objective 3 Describe primary care and public health in Cuba

The first level within primary care in Cuba is the consultorio médico familia (CMF), each family doctor has their own CMF and cares for an average of 1200 patients from within a set geographical location. A CMF is similar to a GP practise in the UK with the addition of an epidemiologist. The next level is the policlinico. Around 25 CMF are linked to a single policlinico, these are divided into work groups (groupo basico de trabajo). Policlinicos a provide a range of services most of which are provided at the level of secondary care in the UK.

Within the CMF family doctors work with other specialists, with particular focus on the five priorities within primary care in Cuba: maternal and child health, chronic disease, infectious disease, elderly care and urgent care.

Family doctors in Cuba have a more comprehensive role in the community compared to GPs in the UK. It seems that family doctors in Cuba are true guardians of their communities. They are required to be not only primary care providers but also public health officers, environmental officers, social workers, counsellors and friends to their whole community. During the time I was with him Dr Rolando demonstrated this with grace and passion.

With regards to their role in public health Dr Rolando explained that family doctors in Cuba are required to risk stratify or 'dispensarisation' at the level of the individual patient, the family and the community. At the level of the patient each individual is categorised according to their background health status, group 1 being 'healthy', group 2 individuals with risk factors, group 3 individuals with chronic disease and group 4 is individuals with disabilities. The group an individual is allocated to determines how frequently the family doctor is required to see them, both in their home and in the consultorio. Family doctors in Cuba are also required to visit each of the families they acre for a minimum of once a year, again for purposes of risk stratification, assessing the home environment, family dynamics and again to assess each individual. At the community level family doctors in Cuba are required to provide a comprehensive annual report detailing the prevalent diseases within their communities, the health risks and to develop solutions based on promotion and prevention. Family doctors in Cuba are required to work closely and share information with other agencies within the Cuban government to achieve these outcomes.

I was thoroughly impressed by the work of Dr Rolando. In my opinion the Cuban model of primary and public health is exemplary and the world would be a better place if other countries

The medical spanish course at Babel language school was disappointing and I would not recommend this. Fortunately I had done a medical spanish course in guatemala the previous summer and I had good foundations in the language. Over the course of my elective my spanish improved greatly and although there is still work to be done to be at the level I wuld like it has been a very satisfying apect of my elective.