

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**A medical elective in Iquitos exploring disease prevalence and healthcare challenges near the Amazon**

**I wanted to spend time in a location as close to the Peruvian amazon as possible to experience a high variety of tropical conditions and infectious diseases. Also I wanted to see how healthcare provision is challenged by being in a very remote part of the world, with no road links outside the city of Iquitos and only 2 hospitals providing care for a huge number of patients**

**During my elective period I stayed in a host house of a renowned neurosurgeon, Dr Ernesto Salazar, who runs the hospital elective program and provides accommodation. I had a fantastic time on days in and out of the hospital learning about Peruvian healthcare but also customs and culture which has been a very enriching experience.**

**Infectious diseases are much more common in Peru and this became quickly evident on day clinics. Vectorborne diseases such as malaria, dengue fever and yellow fever are particularly common in the area of Iquitos as the large areas of stagnant water and generally damp climate encourage mosquito breeding. The general public take good measures to avoid mosquito and other parasite carrying insects by various prophylaxis, such as nets and incense, and often present to the hospital wary of these diseases as they know what symptoms to expect.**

**Other common prevalences, in the contrast to western countries, were the infectious forms of hepatitis such as A and E which was encouraged by unhygienic water and food principally in areas of poor sanitation. Other diseases include Schistosomiasis, Leptospirosis and Meningitis. Seeing these otherwise rare diseases in countries like the U.K were a fascinating part of my elective.**

**Food poisoning as a result of less hygienic practices was also more evident, in particular Bacillus cereus as rice is a common component of Peruvian food.**

**Diabetes is an increasing health concern in Peru where there is far less health promotion to exercise while very high carbohydrate meals predominate in society.**

**Rabies and snake bites were also common, with patients often taking speed boats from very rural amazonian areas to reach the Iquitos hospitals.**

**Describe the healthcare system in Peru, focusing on service provision and how it contrasts with the UK**

**The service provision of healthcare in Peru has some marked differences than that of the U.K. , particularly in the matter of funding and resource distribution. I gained valuable insight into the structure of the Peruvian healthcare system from talking to current doctors in Hospital Regional de Loreto.**

**In contrast to the UK where healthcare is provided free at the point of service to all taxpayers who are of permanent residence, health funding in Peru revolves around a mixed public and private system that involve insurance schemes. These are checked on patient admission into hospital. Notably, the private sector similarly to the UK has a very small proportion of people subscribing to it (roughly 2%).**

The public sector includes 2 types of health insurance. Firstly, an employment provided national insurance called Es Salud covers workers and their families. This is the most desirable form of public health insurance as it offers full coverage of health provision of all services in any given health plan.

However, for those in extreme poverty who cannot afford health insurance or they are not provided health insurance via their employment, the Peruvian Ministry of Health runs a comprehensive health insurance scheme, known as Seguro Integral de Salud (SIS), which protects this part of the population. I saw many patients who benefitted from this scheme and nationally it is believed that approximately 20% of the population are beneficiaries to this scheme, mostly in urban and very rural areas where extremes of poverty are commonest. However a further 20% of the population are believed to be entirely excluded from any health insurance coverage at all, neither EsSalud nor the government scheme but these numbers are slowly decreasing as government reach increases.

In order to broaden access to healthcare, the peruvian government have instilled a number of public hospitals that offer healthcare services to all patients regardless of insurance status. Such was the hospital of my elective placement, and in the circumstances of uninsured patients these public hospitals charge a variable, but usually affordable fee at their discretion to these people. A large number of patients with medical emergencies from rural parts of the amazon used public hospitals for singular medical events and these hospitals are considered a vital service that people are grateful for.

In terms of resources, there is certainly uneven distribution across the country with more northern areas such as Lima and Cuzco having better facilities. Iquitos is accessible only by air due to being landlocked by the amazon and hospital facilities were often small. For instance, the infectious diseases department in Regional de loreto had to make do without any virology testing and were limited to basic blood tests in the labs. It was very refreshing to see a very competent grade of doctors who relied much more on clinical examination and history and thus imparted good clinical knowledge. Medical teams utilised what was available to manage a large number of patients on the wards.

Explore the prevalence of traditional beliefs, practices and healthcare expectation amongst local population in Iquitos

Interestingly the services of my hospital, despite serving a large population with only one other regional hospital, were undersubscribed in comparison to U.K hospitals. It seemed apparent that Peruvians present late to their doctors while other times not at all. The emergency department at the relatively large hospital only had 3 available beds for this reason and often only had one patient a time presenting which was astonishing when thinking back to the demanding U.k public.

Rather than being offput by potential hospital cost, the late and low rates of admission to healthcare in Peru seems more attributed to a more macho culture in health beliefs that seeks less healthcare. Especially in the amazon areas where people frequently self medicate and only present to hospital when symptoms become very debilitating.

Patient expectations from health care seemed markedly different owing to that people are much more accepting of health problems, even as drastic as amputations in relatively young diabetics which occurred frequently due to the areas higher incidence of infection related complications. As a result I did not see a single patient who was dissatisfied with the healthcare that they received at hospital

Traditional health beliefs are still very evident in Peru. While I was not able to speak to any patients about them, I had many discussions with doctors who highlighted the ever-prominence of Shaman

medicine in the Andes and the Amazon. I was described many cases where city dwelling people travelled very far into rural areas where spiritual shaman healers practise, often charging very large amounts of money, and often people chose alternative forms of medicine before modern medicine. Hospital doctors seemed to have very variable views on this but there seems to be increasing propaganda for modern medicine nowadays.

How have your experiences on elective influenced how you will practice medicine on returning to the UK?

On this elective I have learnt a lot of medicine, gained some experience and going forward into my first jobs I feel I will be much more appreciative of the vast array of facilities available in U.K healthcare while utilising resources more efficiently and paying much greater attention to clinical examination of my patients.