

ELECTIVE (SSC5b) REPORT (1200 words)

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

Describe the prevalent diseases found on the islands of Bocas del Toro, and how do these compare to mainland Panama?

The population of Bocas del Toro appear to have very different healthcare needs to those who live on the mainland of Panama. This can be attributed to a number of different factors, particularly the geographical location and the local population that live there. The communities that we worked with in Bocas were often very isolated communities that were not (easily) accessible by road, thus making access to basic resources such as clean water, electricity and basic commodities more difficult for those living there. The local population also differs greatly from those living on the mainland of Panama. In the Bocas Province, indigenous Ngobe people live by local and traditional customs, which again are very different to those of mainland Panama.

Many of the conditions encountered in the communities could be attributed to difficulty in accessing clean water and poor sanitation facilities. Worms, spread via faecal oral route, are very common and were particularly prevalent amongst the children. At each clinic, anti-helminth treatment (albendazole) was provided for all members of the family, as it can be very symptomatic for those affected and can result in malnutrition. Similarly, many people suffer from GI disturbances such as diarrhoea and gastroenteritis, again due to lack of clean water or hand washing facilities. The people living on the mainland of Panama generally have better access to clean water so these conditions are less commonly seen here.

Tropical infections are also commonly seen in the communities. Leishmaniasis is a particularly big problem as it is spread by sandflies and many families lacked the resources to prevent bites such as insect repellent or nets. Therefore many children in the community suffer from cutaneous leishmaniasis which results in open sores that are prone to infection.

Many patients also presented to the clinic with dermatological conditions. Scabies was particularly prevalent amongst the children of the community and often multiple members of the family were affected, therefore requiring the whole family to be treated. Infected wounds and minor injuries were also commonly seen and were often a result of work related injuries or because of the dense flora found surrounding the communities.

Poor dental hygiene and resulting symptoms formed a particularly large proportion of the problems encountered. Foods high in sugar and soft drinks make up a substantial part of the diet and accompanied with little access to toothbrushes and clean water, result in particularly bad dental hygiene. It was very common to see children with entirely decayed teeth or adults with no remaining

dentition. Therefore, emphasis was placed on educating the communities about the importance of oral hygiene and providing toothbrushes for all members of the family.

The common conditions found on the mainland of Panama more closely resemble those found in the developed world. Chronic conditions such as hypertension, diabetes and cardiovascular disease make up the largest proportion of the healthcare burden.

How does the pattern of healthcare provision on the Bocas del Toro Islands compare to that of the UK?

The healthcare system in Panama is partially government funded but for the mainstay, is a private healthcare system. The government provide clinics that visit the islands every 3-4 months or so and at these - children are entitled to vaccinations and patients are offered basic medical check ups and contraception for the women. These however, are only partially subsidized and often patients will need to cover the costs of their consultations and medications. The Bocas Region, is particularly remote and only has one small hospital on the main Island. Specialist treatment or surgical facilities can be found in a larger town around 4 hours away and some patients may even choose to travel abroad for treatment. Due to the limited healthcare provisions, most villages rely on local "medicine men" (curandero) who are very respected members of the community who have knowledge of traditional herbal remedies. This of course, is hardly comparable to the healthcare service in the UK which is free at the point of care and accessible to all.

What public health incentives are used in Panama and how do they compare to those in the UK?

Unfortunately, I did not have many opportunities to learn about the public health care incentives in Panama. The medical provisions in Bocas del Toro were often so limited that emphasis was generally placed on consultations and management of patients in the acute setting. Having spoken to members of the Floating Doctors staff I did learn that all women of child bearing age are enrolled in a government funded contraception program if they wish. These women are often started on the depot and have their contraception funded by the government. Similarly, all children are entitled to free vaccinations which they receive in government run clinics. I did not get the opportunity to see much preventative medicine in place such as emphasis on weight loss, smoking cessation, increased exercise etc. such as in the UK, however, due to the remote setting of the communities we were working with, I am not able to draw conclusions about what takes place on the mainland. With the Floating Doctors team there was always lots of opportunity for health education about the importance of handwashing and dental hygiene and other topics we felt may benefit our patients.

Gain experience and confidence in working in a foreign healthcare setting and learn to adapt to challenges posed by practicing in a foreign language and unfamiliar conditions I may face

One of the main challenges of this elective was the language barrier. Learning to do consultations through a translator was very interesting because it meant you had to focus on making the dialogue easy to follow and clear, whilst also ensuring they understood what you were trying to convey or ask. Working in a resource scarce setting also forced you to rely on your clinical findings and histories far more than you perhaps would in the UK because there was no access to basic lab tests or imaging. I was very aware of my limitations but this has given me more confidence in my ability to examine patients and draw conclusions from our findings and the history.