ELECTIVE (SSC5b) REPORT (1200 words)

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

1.   Describe the common presentations in primary care in Puerto Vallarta and compare this to the incidence of those diseases worldwide.

My placement in the Hospital Regional, Puerto Vallarta was in the emergency department or "urgencías", during my time there I saw patients present with a variety of conditions such as Type 2 Diabetes Mellitus, Chronic Kidney Disease, COPD, Myocardial Infarction and liver cirrhosis. Although these conditions are relatively common in the Western world, the severity of which the patients presented with was considerably greater than that in the UK. There are several reasons for this which include: poor nutrition, not enough public health education and lack of access to medical equipment or medication. For example, patients with Type 2 Diabetes often presented with severely high blood glucose, aputated limbs and ulcers. These patients are unable to buy needles to regularly check their blood glucose levels and so suffer the complications of diabetes.

In 2015, the prevalence of Type 2 Diabetes in Mexico was 11.4 million and is predicted to increase to 17.5 million by 2040. Mexico became the 6th highest country in the world for Type 2 Diabetes in 2015, this can be associated with a 15.2% rise in the prevalence of obese and overweight people since 2003. (1) The urbanisation of Mexico is one factor considered to be attributable to the rise in obesity and Type 2 Diabetes due to the accompanying sedentary lifetsyle and increased caloric consumption. Moreover, Mexico has one of the highest prevalence of liver cirrhosis in all Latin America, it is the country's fourth highest cause of death accounting for 30,000 deaths a year.(2)

2.   Describe how healthcare is delivered in a primary care setting in Mexico and how does this differ with primary care provision in the UK?

Healthcare is divided between government-funded hospitals, such as the Hospital Regional where I was placed, and private hospitals that either require insurance or are paid for by the patients. There are three types of insurance in Mexico, the first is called "Seguro Popular" which is for people that are unemployed or have a very low income, their healthcare is provided free of charge and they are able to see the doctors at government-funded hospitals. The second is "instituto mexicano del seguro social" which is provided primarily for those who work for the government or can be applied for by those with higher incomes and are able to pay taxes. This type of insurance allows one to access government-funded hospitals aswell as the cruz roja or cruz verde clinics. The last type of insurance is private and it is generally for people with a sufficient amount of wealth who are able to access healthcare through private hospitals, for example San Javier hosptial in Puerto Vallarta.

The majority of the population in Mexico have one of the three types of insurance aforementioned, hwoever there are a proportion who remain uninsured. The culture in Mexico is very family-orientated and this influences how people from different financial backgrounds will access healthcare, for example when one becomes unwell the first person they will seek advice from is their mother. The use of herbal medicine or home-made remedies is very common and in part explains why patients presenting to the government hospital do so at more severe stages of their disease. The process of seeing a General Practitioner first and then a specialist is the same in Mexico and the UK, however a patient in Mexico

may also see a specialist directly. They are more likely to see a specialist if they know one personally or have been recommended one by a family member.

3.   How is primary care in Puerto Vallarta affected by health tourism, and what impact does that have on public health in Mexico?

Medical tourism occurs in most specialties in Mexico and is the main destination for around a million patients from North America every year. Mexico is amongst the top five destinations for medical tourism in the world and as such the industry has grown from being worth $1.5 billion in 2006 to $4.8 billion ten years later.(3) Puerto Vallarta has become one of the cities visited frequently by medical tourists, these patients are often seeking dental procedures, bariatric surgery, cosmetic surgery and a other medical procedures such as knee and hip replacements. The greatest attraction for medical tourists to come from North America to Mexico is the decreased cost whilst still receiving excellent quality of care. For example, the cost of having a bariatric sleeve procedure in the United States would approximately cost $33,000, yet in Mexico the same procedure costs around $11,000.(4) Most medical procedures in Mexico are at least 50% cheaper compared to the United States, in addition Mexico's proximity to North America has helped the country to grow its medical tourism industry exponentially. However, as most of these procedures are done in private hospitals the significant income generated from medical tourism does not benefit the Mexican population who are unable to afford private health insurance.

4.   Develop fluency in speaking Spanish specifically using medical terminology when taking histories and examining patients

I was able to expand my Spanish vocabulary and improve my speaking skills by talking to the doctors in urgencías and other medical students. I found it particularly helpful when the person I was speaking to did not know any English as that forced me to use more Spanish when asking questions. I was able to ask patients basic questions about their presenting complaint and past medical history, but the conversation would usually advance beyond what I was able to comprehend. The most helpful aspect was the similarity of medical terms in Spanish and English, for example neumonía, infección, respiración, tuberculosis, diabetes, glucosa, and alcohólicas. The names of the medication often prescribed for patients was very easy to learn as the English name was usually followed by the letter 'a', for example ceftriaxona, metformina, penicilina and insulina. I am able to comprehend Spanish more when I am reading compared to when I speak or hear it spoken, therefore I would read the patients' clinical notes in order to understand the reason for their admission. The doctors used the SOAP (subjective, objective, analysis and plan) method whilst writing their notes which made it very easy to comprehend how a patient was being treated as this format is also used in the UK.

References

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3.   Renewbariatric. Medical Tourism in Mexico [2018] Statistics, Facts, Info - Renew Bariatrics: @renewbariatrics; 2018 [updated 2018-01-22. Available from: https://renewbariatrics.com/medical-tourism-mexico/.

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