

ELECTIVE (SSC5b) REPORT (1200 words)

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

Hospital Villarrica, Chile

1. Describe the pattern of disease/illness of interest in the population of Villarrica, Chile and discuss this in the context of global health.

Villerica hospital is situated on the picturesque banks of lake Villerica in the Lake District of Chile. In the summer, it is a town which receives many Chilean and international tourists drawn by the lake and its associated water sports as well as the active volcano (Vulcan Villarrica) in the local area.

We were in Villerica during the autumn going into winter season and the pattern of illness seen in the hospital admissions reflected this colder weather. The hospital has a 60 bed capacity for medical, surgical and gynaecological patients which were mostly occupied during our placement.

Most of the time I spent in hospital was in the urgent care centre which is equivalent to A&E in the UK. I saw conditions such as asthma attacks, anxiety attacks and various infectious conditions common in the UK such as urinary tract infections, pneumonia and influenza. The treatment of these conditions were similar to that of any A&E department in the UK. I also noticed that patients were presenting with minor illnesses such as coughs and colds to the urgent care centre which made me think about the role of primary care facilities in Chile. This reminded me of the public health notices about reserving A&E for emergencies and going to your GP for minor ailments in the UK and whether such campaigns would help in this area to reduce pressure in the urgent care centre.

Further in terms of global health, there has been a relatively recent influx of Haitian immigrants to Villerica in the past few years. I found this interesting as well as unexpected as Villarrica is a relatively small place with tourism, grain, forestry and dairy farming as the main industries of the town. While I was in the urgent care centre I saw a few patients who were Haitian and not fluent in Spanish and there was a language barrier between healthcare staff and the patient. This has been mitigated to a certain extent by the hospital creating Spanish to Creole crib sheets of simple phrases that are commonly used to elicit patient histories.

In London, we are relatively used to patients from different countries, hence the availability of interpreters and language line (the phone based interpreter service) which makes it slightly easier to traverse the language barrier. Although the doctors managed well with patients it did make me wonder what it must have been like at the beginning of the wave of immigration. Based on the doctors observations many of the Haitian patients tended to present to the urgent care centre as a first port of call for their illnesses as in many cases they were unsure what kind of primary care facilities they were entitled to, being new to the Chilean system. This made me

consider immigrants newly arrived to the UK and what kind of information they receive about the NHS. It made me think about how difficult it must be at times to navigate a foreign healthcare system often at the time of need as patients present to general practice and hospitals whilst ill in many cases.

2. Describe the provision of healthcare in relation to Chile and contrast this with the UK.

The Chilean health system is divided into the public health system (FONASA) serving the majority of the population. FONASA (Fondo Nacional De Salud) is run by the government. Members of FONASA have access to a network of public hospitals, as well as some clinics and medical centres and is funded by the public (7% of monthly income). Further, there are different grades of FONASA ranging from A (0%), B (0%), C (10%), to D (20%) which determines the amount of treatment subsidy. For those patients under FONASA B they would therefore pay 0% of the treatment cost.

However, despite the high quality of care, public hospitals can be overcrowded and with long waiting times. Thus, many Chilean residents may choose to use private health insurance (ISAPRE) for their medical care. In this way, the Chilean health system may seem similar to the UK as I have encountered many patients who have opted to have their treatment done privately in the UK due to the length of waiting times.

Speaking to local doctors about the Chilean healthcare system it sounded remarkably similar to the NHS. In the public system there are primary care centres where patients present with their problems known as APS (*Atencion Primaria de Salud*) and then be referred onto secondary polyclinicos (such as hospital Villarrica) and finally for more complex conditions, a tertiary care centre (Hospitales de Referencia) which are usually located in larger towns and cities.

The difference is that most of the doctors staffing rural urgent care centres in Chile are 'general practitioners' who have undergone 7 years of medical school and are pre-specialisation. This is due to the fact that Chile has a shortage of doctors and thus a lack of A&E doctors working in urgent care centres. Another issue that was highlighted to me is that the waiting times for patient referrals to hospital is invariably long and that it is difficult to manage such patients solely in primary care centres while they wait for an appointment with a specialist.

3. Describe the management of chronic diseases in Chile and contrast this with the UK.

The management of chronic diseases is similar to that in the UK. Speaking to local doctors they describe using protocols such as GES (*Garantias explicitas en Salud*) similar to NICE guidelines in the UK to manage conditions such as type 2 diabetes. For example, a patient with diagnosed type 2 diabetes is started on metformin and then if there is insufficient control of their blood glucose a further two drugs such as sulphonylurea..

Much of chronic disease management is similar to the UK in that it is managed outside of hospital in primary care centres. However, the difficulty in this area is that the specialist hospital

is 70km away and the length of time for referrals which means that patient treatment for certain conditions is delayed.

4. Describe the challenges faced in terms of communication when gaining experience in a foreign healthcare setting.

Hospital Villarrica is a friendly place with the feel of a small district general hospital. The staff went out of their way to make me feel welcome despite my relatively poor Spanish speaking skills. There were challenges however, mostly to do with the language barrier. For example I struggled to make sense of very rapid Chilean Spanish at times on the ward round as well the Spanish dialect spoken by patients from the surrounding rural areas. It was interesting to see how google translate was used on a daily basis to communicate with us and also to patients.

I was pleasantly surprised when I went to a teaching session on dyspnoea given by an A&E consultant and understood the majority of the talk. This was largely due to the fact that medical terms sound very similar in Spanish to English. Also, the treatment protocols in a medical emergency always involve approaching the patient with an ABCDE approach which is the approach that I am familiar with. This talk was useful as it reinforced in me the fact that medicine is relatively standardised across the world and even if there is a language barrier it is quite possible to understand the majority of the situation through what we have learnt through medical school.