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

The pattern of disease encountered in Hospital de Villarrica reflects the large area that it serves which includes the town of Villarrica and the surrounding rural areas around Volcán Villarrica and a large lake called Lago Villarrica. During my placement, I observed a wide range of pathology and injuries ranging from diabetic complications and dementia to minor trauma as a result of an altercation. Most of my time was spent in A&E where I noticed that many patients attended with some issues that may have been better handled by primary care, such as mild episodes of diarrhoea and vomiting which is a similar occurrence in the UK.

Access to healthcare is good in this region, with Hospital de Villarrica being within easy reach of its surrounding rural areas. As a secondary level healthcare centre, it has busy paediatric and maternity departments alongside a 40-bed general medical and surgical ward, with a similar feel to a small district general hospital in the UK. Cases of higher complexity which require more specialised input are referred to the tertiary centre in Temuco, about 70km away.

There has been a recent influx of Haitian immigrants to Villarrica over the past year although it was challenging to find much information regarding the industries that they are currently working in. It is interesting to note that the main industry of Villarrica is tourism alongside grain farming and forestry, with the town becoming very busy and crowded with tourists in the high season of summer. Based on anecdotal evidence from the doctors working in A&E, the new immigrants tend to attend A&E regularly as they are unsure of how to access primary healthcare within the Chilean healthcare system. The new population also brings the possibility of diseases that the doctors at Hospital de Villarrica may not be accustomed to dealing with, such as tropical diseases.

**2. Describe the pattern of health provision in relation to Chile and contrast this with the UK.**

Chile spends 7.3% of its GDP on its annual healthcare expenditure in contrast to the UK, which spent 9.9% in 2015. Chile has a government-run healthcare insurance system called FONASA (Fondo Nacional de Salud) where all workers and pensioners pay 7% of their income towards health insurance. 69% of the population is covered by FONASA, with the remaining either paying into the private health insurance sector (23%), having insurance under the Ministry of Defence (armed forces and police) (3%) and 5% having no insurance at all.

FONASA beneficiaries may use public or private health facilities if the private health facility or health professional is associated with Fonasa in one of three pricing levels. Patients covered under FONASA are classified into four different pricing levels, from FONASA-A to FONASA-D. This classification is to determine whether patients need to pay a subsidised amount for treatment whenever they receive it. Patients in FONASA Classes A and B do not have to pay for healthcare at the point of delivery, whereas patients in FONASA Classes C and D have to contribute 10% and 20% of the costs of their treatment respectively. The classification into these levels is done based on the salary of the patients and the number of their dependents. For example, the cost is free for people over the age of 60, people with no income or with disabilities and for workers earning less than the minimum wage. This differs from the NHS where all medical care is free at the point of delivery regardless of the patients´ backgrounds and where the public healthcare system is funded by solely by taxation.



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Private health insurance is provided by entities called ISAPRES, with the level of protection offered depending on the worker's income and medical risk. On average, ISAPRE participants pay 9.2% of their income towards health insurance, with additional amount paid over the compulsory 7% being voluntary and aimed towards maximising the benefits available. In terms of comparing these two health insurance systems, FONASA tends to draw upon the services of public hospitals and can include a broader benefits package for the same cost as ISAPRE takes medical risk (calculated based on age, sex, medical history, family medical history) into account and may not cover certain services or medical conditions. However, the waiting times associated with the public healthcare system are much longer compared to the private healthcare system and may lead to delays in diagnosis and subsequent treatment. This is similar to the UK where there can be long delays between requesting and actually undergoing investigations, unless the patient is on a 2 week wait cancer referral pathway.

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

Chronic diseases such as hypertension and diabetes are managed mostly by primary care, in a similar fashion to the UK. Guidelines for the management of these conditions are referred to as GES (*Garantías Explícitas en Salud*) guidelines, which are used as the foundation of clinical practice just as NICE guidelines are used in the UK. The primary healthcare system in Chile is referred to as the APS (*La Atención Primaria de Salud*) and form the first point of contact for patients with the healthcare system. The APS functions in a similar manner to a GP surgery in the UK - consisting of a multidisciplinary team of doctors, nurses and members of the community health team to provide healthcare services such as general consultations, immunisations and antenatal care. Therefore, there is a scope for the management of chronic diseases within this system with the ability to escalate to secondary care should the family doctor feel that the patient requires specialist input with regards to their care by referring to a secondary level hospital such as Hospital de Villarrica. For example, this may include diabetic complications which require a hospital admission to manage (e.g. for administration of IV antibiotics). It was also noted that patient education with respect to chronic diseases could be challenging due to the large rural population in the region, for example, explaining the concept of diabetic control to a farmer who had presented to A&E with a history of a non-healing ulcer over the past two months in an ED cubicle is information that is best delivered in the context of primary care.

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

In terms of communication, it was slightly challenging as the Spanish spoken in Chile is unique from the rest of Spanish-speaking South America as it is spoken very quickly,many consonants are dropped in conversation and many colloquialisms are used too. There was an added layer of complexity when communicating with patients from rural areas as their local dialect was difficult to understand. Communication with the local doctors was smooth as they could speak English and were keen on helping us improve our Spanish by speaking slowly and correcting any mistakes we made in an encouraging manner. With the influx of Haitian immigrants, there is a communication barrier between doctors and patients as most of the patients speak solely Haitian Creole or French while the doctors tend to speak Spanish. However, I noticed that doctors were able to carry out their consultations effectively by using aides such as Google Translate and simple gestures and Spanish words to explain their point as a means of ensuring that they were understood by their patients.



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