

ELECTIVE (SSC5b) REPORT (1200 words)

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

My experience of delivering basic health consultations to remote populations in the Island-region of Bocas Del Toro in Panama was a hugely eye-opening experience. I noticed some stark differences in disease patterns that exist between Bocas Del Toro and the UK, as well as some notable similarities. Communicable diseases appeared common in this region of Panama, including dermatological (e.g. Leishmaniasis, tinea, scabies), gastrointestinal (e.g. gastroenteritis, GI worms) and gynaecological/urological (e.g. gonorrhoea/chlamydia, bacterial vaginosis, pelvic inflammatory disease). I believe this is due to these populations being remote, and therefore having little in the way of clean drinking water, access to condoms, and small homes with cramped living conditions. I had never previously seen a case of GI worms; but in this population it is so common due to drinking rain and river water, every patient we saw was given prophylactic albendazole. However, a large number of patients complained of things which we see commonly in the UK. Chronic pain was common, including headaches and backaches, for which there was often little we could do, save for ruling out red flags and prescribing a short course of simple analgesia. Chronic joint pain consistent with osteoarthritis, especially in the knees, hips and hands, was also a common complaint. Again, for this, there was little that we could do with our few resources than rule out red flags and prescribe painkillers. I found this aspect of the work quite mundane and rather unsatisfying as it felt like we weren't helping people manage their pain very effectively.

The health service in Panama is a very interesting one. In region of Bocas Del Toro, there is only one hospital, which is situated in the main town. However, many of the islands which we visited are over an hour's boat ride from this town, and therefore people often do not have the money for transport if they are feeling unwell. Furthermore, most things in the hospital are not free, and therefore even if they can make it to the hospital, often they cannot afford tests or treatment. This means that many of these patients have ongoing medical problems which get quite severe over time as they cannot be resolved early. The Panamanian government has implemented a scheme whereby they visit some of these communities and offer consultations every 3 months often. In many ways, this is much like what Floating Doctors does. This I found interesting, as there was very little communication between Floating Doctors and the government, so sometimes patients had not been seen for 3 months, and other times, they had been seen only a week earlier. Here there may be examples of duplicating work, or not reaching enough patients.

This elective has demonstrated to me how peoples' access to healthcare can affect their health needs. Many of the communities that we visited were in excess of one hour boat ride away from the nearest town, which contains a small hospital. However, no official ferry service exists between these islands. Many people do not own their own boat, and cannot afford to pay others to taxi them across the water. Therefore, peoples' access to hospital due to geographical remoteness is limited. Furthermore, poverty is widespread amongst these communities, and therefore even if patients can reach the hospital, they are unlikely to be able to afford expensive tests and treatments. I therefore observed many cases where patients had received insufficient or incomplete investigations. This concept is quite alien to me, as in the UK, patients are entitled to appropriate diagnosis and management regardless of income or geographical location. I found it quite upsetting to see patients who were suffering from severe health

problems due to circumstance, for example, a small child who had severe ulcerating Leishmaniasis lesions, whose mother could not afford his treatment.

I learnt lots about the social/cultural differences and similarities between Panama and the UK. One thing of interest that I noticed was the fact that patients' reactions were hard to read. I found it difficult to tell if patients were happy or angry with results they were given. For example, I informed numerous women that they were pregnant, and was greeted without fail by a blank stare. Upon direct questioning if they were happy with this news, their answers were often different, although their surface reactions looked very nonchalant. This is different to the UK, where generally I have found that a big piece of news such as pregnancy is greeted with a more comprehensible reaction. I also learnt lots about the difficulties of communicating through a translator. The native language of these communities is called Ngobe, although around 2/3 of people spoke Spanish. Seeing as I did not speak medical Spanish, there were times when I was having to go through two translators, first into Spanish, then into Ngobe. This educated me as to the importance of asking simple, concise questions, and making sure to address the patient as opposed to the translator. While this is an extreme example, it is however not completely unlike things I have done in London before, as many people in London do not speak English and there is a broad range of languages requiring translators. Panama is a vibrant place, with beautiful landscapes and interesting people. I would like to come back after having learnt Spanish, so that I may make deeper connections and further my understanding of the culture.

Overall, my experience in Panama was a very positive one, and I would like to come back for a longer period of time at some point in the future.