ELECTIVE (SSC5b) REPORT (1200 words)

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

For the second part of my elective, I spent two weeks in the Bocas Del Toro region of Panama, which is made up of a large coastal region and an archipelago. I undertook this with a not-for-profit organisation called Floating Doctors, whose aim is provide healthcare services to the remote indigenous communities within this region, known as the Ngäbe people. These communities were often very poor and lacked easy access to healthcare with the closest hospital to some of the most remote communities being over 5 hours by boat. The main languages spoken in this region were Spanish and Ngäbere, the langauge spoken by the indigenous Ngäbe people. One of my main determinants in me picking this region was the chance to see and be involved in the provision of healthcare within remote locations.

One of the biggest challenges facing these remote Ngäbere communites was a lack of infrastructure, resulting in a lack of access to clean drinkning water. This was responsibe for a signficant number of the common clinical presentation we would see in clinic, including headache as a result of dehydration and GI worms.

Simple tension type headaches as a result of dehydration from working in high temperature and drinking very little water, were one of the most common presentation to clinic. We would manage this with simple analgesiaa and reccomending the patient increas the amount of water they drank. One of my personal difficulties with this course of action is that through reccomending the patient to drink more water, we were often indirectly saying to increase their intake of dirty water. However, there was little alternative.

Another common clinical presentation that occurred as a result of the lack of clean drinking water in combination with a lack of hand hygiene, were helminth infestation. This often presented with non-specific abdominal pain and diarrhoea, although patients would often report having seen worms in their stool. Helminth infestations were considered to be such a significant problem with these communities that the floating doctors guidelines advocated often albendazole not only to every patient, but also for every member of a patient's household. We also attempted to tackle this by offering every patient enough soap for their household and running education sessions for the local schools on the importance of hand hygiene. However, without a significant investment in infrastructure to provide these communities with clean water it is likely that helminths will continue to be a significant problem.

One of the more common clinical presentations that I had never encountered in the UK before, was a dermatological condition known as Cutaneous Leishmaniasis. It is a parasitic infection that is spread by sandfly, which results in a large ulcerated lesion. These lesions can be severly disfiguring, and are also at risk of secondary bacterial infection. This seemed to predominantly affect the children within the communities, and was hard to see, as we could unfortunately do little for those affected. In more wealthy countries, the condition is managed with a 28 days course of IV Pentavalent Antimony.

The Panamanian healthcare system is made up of a mixture of both public and private providers. There was one main public hospital in the entire Bocas Del Toro region and this was located on the largest island, Isla Colon at a considerable distance to many of the communities we served. As a result of this the Panamanian ministry of health had implemented a similar system to that of floating doctors, and would try and visit each community every 3 months to run clinics. The main downside to this system is there was no communication or coordination between floating doctors and the ministry of health, which meant that rather than every community receiving a clinic every 1.5 months, a community might receive two clinics in the space of two weeks. This also posed a problem in the management of long-term chronic health conditions as there was no system in place for the sharing of patient records or checking which medications a patient was on.

I got little personal experience of the Panamanian healthcare system, although the little I got was being involved in the referral of patients we had seen in clinic to public hospital for services we could not offer such as surgery. Here I learnt that the public health system is not truly free in the same way it is in the UK. Although the operation is technically free, the patients have to pay for the equipment that's used, and are also responsible for sourcing any units of the blood they might need for the operation either from friends and family or professional blood donators.

One of the main challenges with regard to this choice of elective was the language barrier between me and the patients. As Floating Doctor's is an American organisation they anticipate this and place you into groups so that each group has a fluent Spanish speaker who will act as the translator, or they provide a translator for the group. I had some experience working with a translator due to communication skills teaching sessions at medical school, although nothing quite prepares you for doing it for real. Often we had to rephrase questions several different ways to ensure the patient was genuinely understanding what was being said, and not just agreeing with us. This was especially important when giving instructions regarding medications, and I found the best way around this was to get the patient to repeat back all of the instructions at the end to ensure understanding. I feel like this experience will be of significant benefit to me in the UK as there are often times where we have to use translators, and this has allowed me to overcome some of the apprehension I had surrounding this.