ELECTIVE (SSC5b) REPORT (1200 words)

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

Panama is a country in Central America, home to roughly 4 million inhabitants. It is a tropical country with widespread rainforest and a large coastline. Since Spanish invasion, the country has a strong European influence with Spanish as its official language. Panama is also home to many indigenous popuations, including the Ngäbe and Guna people. Since the Panama canal was built, the country has seen vast amounts of wealth brought in due to the investment of large foreign companies. However, most of this wealth has stayed within the capital - Panama City, and in contrast many of the rural communities suffer from great poverty.

Floating Doctors is a charitable mission that aims to provide healthcare and education, that is free at the point of access, for rural communities in the Northern province Bocas del Toro. Through voluntary work with this organisation I was able to practice medical skills that I had learnt in medical school, learn about rural medicine and answer objectives that had been set before I joined.

1)

The commonest communicable diseases in Panama, even amongst the rural communities, are non-specific viral illnesses such as gastroenteritis as we might find similarly in the UK. However, as a tropical country there are particular communicable illnesses which are much more prevalent in Panama. Particular examples include helminth infestations, leishmaniasis and scabies. Such diseases were common for a multitude of reasons including malnourishment (and lowered immune system), unsanitary drinking water sources such as streams, crowded living and a high prevalence of disease-carrying vectors e.g. mosquitoes and sand flies.

Helminth infestations, or worms as they are more commonly known, were so commonly found among children in the community that protocol dictated we offer albendazole (an antihelminth agent) to all children, even those who were asymptomatic. Amongst adults too, worms were an incredibly common cause for those presenting with diarrhoea.

Leishmaniasis was a rarer but certainly more serious infection found, again, mostly among children who had been bitten by sand flies. The disease itself causes ulcerating lesions that, when found on the skin can be painful and disfiguring and, when located internally can be fatal. Hence it was important to spot this condition as early as possible.

Scabies are a skin infestation that are commonly found among rural developing communities and caused by prolonged skin contact with an individual with the mite. The scabies mite tends to burrow in intertriginous areas, hence on all assessments of children we would always have to check in between the fingers if the presenting complaint was an itch.

2)

Primary healthcare for rural communities in Panama is provided by the Ministerio de Salud (Ministry of Health) and charitable organisations such as Floating Doctors. As mentioned earlier, very little of the wealth that is generated in Panama City reaches rural areas and as such, the provision of primary healthcare that is offered by the government is incredibly limited. Physicians from the Ministerio de Salud carry a very limited pharmacy and are only able to visit rural communities every few months. In one of the communities we visited, the health service had a building there that they operated seldomly and within it there was no pharmacy, running water or electricity.

Charities such as Floating Doctors have a greater amount of wealth supporting them, however, as a foreign organisation they understand the local communities less than the Panamian health services. As such, these charities provide a very comprehensive primary healthcare service for communities, but the efficiency may be questionable as public health issues aren't well understood. For instance, we would often spend a lot of time assessing a patient in great depth for an issue that we thought was important but actually didn't matter much to the individual.

Unfortunately little cohesion exists between the public health service and charities, meaning that neither is able to provide a fully functional and efficacious primary healthcare service. While there may be many criticisms for the current primary care service in the UK, it is still a system that operates very well in comparison; the service has a stable financial support and evidenced-based practice which ultimately aims to improve patient health. In Panama's case, the health service has little money but good knowledge of what the population need, whereas, the charities have plenty of money but little public health knowledge.

3)

Communicable diseases such as tuberculosis (TB) are incredibly common among the rural communities of Bocas del Toro and we came accross many patients who had the aforementioned disease. Crowded living spaces and immunocompromise mean that TB can easily spread among individuals within a household. TB is not managed well at all in these communities; both the health service and charities usually had the means to diagnose the condition or suspect it beyond reasonable doubt, but to receive treatment, patients would have to travel to the nearest hospital in town, which required a boat ride. Most of the people who lived in these communities were very poor and could not afford the boat ride, despite the fact that the treatment would have been free should they be able to make it to the hospital. Furthermore, it was apparent that TB was not notifiable or at least, it was not notified for patients in these communities. Thus, most patients who develop TB within these communities can expect to live chronically with it or die from it.

4)

Working with Floating Doctors allowed me to practice practical, clinical and communicative skills that I have learnt while at medical school. On each clinic day we were either assigned to intake or provider groups. The former group would take vital signs with or without blood sugar, haemoglobin and urinanalysis / pregnancy test and a basic background history. The latter group would use this information, along with a comprehensive history of presenting complaint that they would have to take to direct a clinical examination and finally come up with a management plan (pending approval

from the lead medical practitioner). This was a very privileged experience and gave an insight into how rural primary care operates.

Comprehensive management plans were oftens quite tough to put together as there were many factors that we had to consider, when treating a patient, that you may not necessarily have to do in the UK. For instance, when starting a drug treatment we had to be more prudent when explaining adverse effects and/or titrating doses as communities were only seen every 3 months. In the UK, GPs often ask patients to return in a few weeks for review or to rebook earlier if they are concerned by something.

Addressing lifestyle factors that contribute to disease was often very challenging. Some lifestyle changes were easy to advise such as: stop taking this herbal remedy or wash your hands before eating food. However, a lot of the lifestyle factors that contributed to health problems were unavoidable and no amount of education could prevent them e.g. we could advise patients to drink from a clean water source but if their use of streamwater is borne purely out of poverty then there's not much they can do.