ELECTIVE (SSC5a) REPORT (1200 words)

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

1 – The demographic served by the Austral University Hospital (HUA) only contained outpatients, hence unstable patients are sent to the specialist psychiatric hospital. So, the patients I saw were those with anxiety, depression, OCD and various personality disorders.

Every place and people have their problems. In England, psychiatric illness exists in all people however more so in socioeconomic extremes, with schizophrenia perhaps in the lower socioeconomic groups, and eating disorders in the higher socioeconomic groups. Obviously, I realise this is a huge generalisation, but for the sake of the reflection, I think it is useful for comparison.

A lot of psychiatry involves understanding the patient and their situation. Many people have tough lives, be them rich or poor. Some of the stories I heard were very strong. I spent about half my time with the psychologist, something that I hadn't done in my placements in England, and I was able to see the holistic care from a different perspective. I was moved by a nine-year old with leukaemia who came from Peru who only had a pair of trousers and mentioned in passing that he was getting quite cold. For us Brits, it wasn't cold, highs of 25 and lows of 10 degrees, but for this young boy, the Argentine autumn was beginning to pinch. But it was real poverty such as I had never witnessed. In addition, this lad had asked if he could volunteer as a helper to the paediatric transplant unit which he was in. He said, "why can't I help, is it just because I'm nine years old? I've had this disease for a year, and I can help those suffering with what I've gone through." He made it clear that he didn't want pay, which I thought was very mature for a boy his age, or even double his age. He went on to say that he misses his family and started to tear up a bit and said that if he can only make the other inpatients happier, then it would be worth it. To that even the psychologist began to cry. She said that she had never cried in front of a patient in her 23 years of work. I was also very moved, and made me think, why can't I give like this poor, sick but hopeful young man can?

2 – The hospital I was in was in a generally poor area, however it was a prestigious private/institutional hospital. It was 50 km from the capital which meant that it could be termed a commuter's town although there was a lot going on within the town. A large employer was the hospital and the university attached. It wasn't a huge university and had around 20 undergraduate courses, 5 linked to the hospital including medicine, nursing, biomedicine, psychology, and nutrition.

One of the activities I did was to visit a poor neighbourhood, not 20 minutes away. I was deeply moved by the poverty and humility of the boys we attended. It showed me the deep inequality within the country, but also the personal quality of the people interested in these charitable initiatives which included all sorts of people including a young man, my age, also in his final year of medicine.

The hospital I was in was a private hospital covered by the 'obra social' which, from what I gather, is basic medical insurance. There is also public healthcare and completely private healthcare covered by individual hospitals with their own policies. So, the impression I got – that may or may not be completely true – is that there are three tiers of healthcare. Public, institutional and private. There may be more, but that's what I heard about while I was there.

It is institutional because it belongs to an institution (in this case the university) and has different sees in different areas scattered around the outskirts of Buenos Aires. According to the Latam Business Conference, which includes hospitals in Latin America, it was ranked 9th based on different factors including patient safety, research, capacity, efficiency, patient satisfaction among other criteria.

Given the natural vastness of the country, there's no surprise that there are disparities in who can access healthcare. It is true that Argentina is one of the most urbanised countries of Latin America, however with a land mass 11 time the UK, there are extremely rural areas which are harder for outsiders and more importantly, healthcare and sanitation. This is a problem that we might not think about in Britain.

3 – Honestly, I was surprised as to how normal psychiatric illness was viewed. I had come in with the impression that psychiatry was viewed with scorn, with an attitude of 'pull yourself together'. However, what I found was the opposite, people spoke very openly about the problems they faced, more so I believe than back in England. Perhaps that comes with the culture whereby they are very open and friendly people. I also got the impression that family networks were a lot more supportive, or at least more involved in the care of the patient and so one could see a more holistic approach to treatment since there was support for the family if needed. I'm not sure if this is unique to the HUA, but it was something I observed.

The medical system here has a more American approach compared to the UK with an initial very intense residency programme. Compared to our junior doctor and natural progression, I feel that the British way means that it takes a little bit longer to reach consultant level, but with slightly less stress. I did see a doctor come for a consultation as a patient as she was struggling due to the stress.

I felt that there was a bit of overprescription. Obviously, I'm no psychiatrist and I don't tell the doctors what to do, however, the approach we've always had, for anything, is conservative, medical, surgical. I felt like for a lot of cases, conservative was skipped and that doctors would jump the gun and medicalise patients instantly. I brought this up with my medical student friend from there who told me that in his psychiatry exam, it was al pharmacology. Obviously, pharmacology is very important in psych, probably more so than in other specialties, however it seemed like it was the only solution. They did, of course work closely with the psychologist, so I assume that any CBT is done there. Maybe it's an unfair conclusion I reached, but that was the impression I got.

4 – I read online that there is a shortage of psychiatrists in Argentina. I have read that also about the UK. I'm not sure whether the problem is in the lack of supply, or increased demand.

Patients got 45 minutes per consultation, allowing more development and interrogation of their issues – at least compared with back home. Whether or not there's a difference in the public or private sectors, I'm not too sure.

One thing that slightly shocked me was that patients and clinicians had each other's phone numbers. When I asked one of the doctors why this was, she says that during the pandemic, when patients couldn't make it, they got into the habit of calling, and rather than using a hospital number, mobiles were used. Of course, this is alien in the UK since there is the fear that some patients wouldn't leave the doctor alone if they had their number. However, it gave the patient the impression of more personalised care and that they could write to the clinician when they had any issues. Of course, a professional patient-doctor relationship is maintained, and issues are typically discussed in consultations, but small things can be asked with a quick text.