

ELECTIVE (SSC5b) REPORT (1200 words)

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

During my time in Guatemala I was placed in a clinic called Mis Años Dorados, which is part of a programme that allows elderly people who don't have easy access to healthcare to receive regular check-ups and any medical attention they require. The clinic is located in a small village called Alotenango, near the city of Antigua.

For my first objective, I will focus on presentations to the clinic rather than acute hospital presentations, as I did not have any experience in hospitals in Antigua. The most common acute presentation was pain, which varied from headaches to joint pain. However, chronic health conditions were much more prevalent in this population. The most commonly seen chronic conditions in the clinic were hypertension and diabetes, and both of these are current health issues around the world. According to the World Health Organisation, 1 in 3 adults in the world have high blood pressure and over three quarters of these people are from low or middle income countries¹. The rate of hypertension in Guatemala is also around 33%².

There are some presentations to the clinic that I believe are influenced by the local environment and are therefore not global issues seen in every country. For example, many patients experience chronic dry coughs, sometimes with accompanying reduced oxygen saturations, with no abnormalities in chest auscultation and no history of smoking. This could be due to the poor air quality as the clinic is located near a volcano that constantly produces ash. Also, it is common to cook with fires that produce a lot of smoke, so it is possible that inhaling this smoke has detrimental effects on the lungs. This is not something I have seen in the UK before. An acute presentation to the clinic I have seen that is also somewhat influenced by the location was a dog bite. There are many stray dogs in Guatemala which increases the risk of being bitten.

My second objective is about comparing the pattern of health provision in Guatemala and the UK. Health provision in Guatemala has some similarities to the UK but there are also many differences. Similar to the UK, Guatemala has both public and private healthcare options. However, unlike the UK, even the public healthcare facilities can be challenging to access for a proportion of people living in villages in Guatemala. Some are unable to travel to their nearest hospital or clinic due to transport costs or reduced mobilisation. Those who can travel to a clinic may have to wait for hours before they are seen by a healthcare professional, which is time consuming and can be tiring for those with poor health. Upon discussing the difference between private and public healthcare with locals, I came to learn that the level of care is similar, and the main difference is the reduced waiting times for private care. This applies to waiting times to be initially assessed and also the wait to be seen by a specialist after a referral. Many residents of Antigua and its surrounding villages cannot afford to pay the private fees so are forced to wait in long queues.

One thing I noticed in many patients at the clinic was a lack of education around health. Most patients need reminders to drink enough water each day, and those who present with headaches do not consider that the reason for this may be dehydration. Furthermore, the local diet consists of a higher level of carbohydrates than protein or fruits/veg, which is not the ideal diet for patients with diabetes and uncontrolled blood sugars. It would be difficult to persuade them to completely change their diet, but a

large part of managing diabetes here is encouraging as many small lifestyle changes as possible. To address my third objective, I believe a public health need of the population would be more education to younger people about how lifestyle can affect health in the future, in the hopes that this will reduce the number of people who develop conditions such as diabetes and high blood pressure.

As mentioned previously, the clinic I was working at provides an opportunity for elderly patients to receive medical care that they would otherwise find great difficulty accessing. On one hand, the existence of these clinics allows the public health needs of the population to be met, as it provides facilities that can give patients the medications and check-ups they need. However, on the other hand, the existence of these clinics proves that the health needs of the population in Guatemala are not being met by the standard healthcare system. There are likely to be some elderly people living in Guatemala who are unable to access the healthcare system and are also not part of a programme such as Mis Años Dorados, meaning they may suffer without the help they require.

For my final objective, I believe this experience has given me many opportunities to develop my communication skills. In terms of the language barrier, I learnt how effective it can be to learn simple phrases and questions in Spanish to aid in my history taking. I noticed that patients felt more comfortable in sharing their issues with me when I attempted to speak to them in their own language rather than showing them a google translated paragraph on my phone. I also found it useful to utilize actions with my hands to picture what I am trying to say. A cultural difference I have noticed is that it is common for my patients here to greet me with a hug or pat on the shoulder. In the UK, it may seem unprofessional or inappropriate to approach a patient in this way, but in Guatemala it is something I have embraced to help put the patients at ease and welcome them to the clinic.

References

1. First WHO report details devastating impact of hypertension and ways to stop it 2023. <https://www.who.int/news/item/19-09-2023-first-who-report-details-devastating-impact-of-hypertension-and-ways-to-stop-it>. Accessed 02/05/24.
2. Guatemala Hypertension Profile 2019. https://cdn.who.int/media/docs/default-source/country-profiles/hypertension/hypertension-2023/hypertension_gtm_2023.pdf?sfvrsn=8b58fc0_4&download=true Accessed 02/05/24.