

My six week elective was in the Iquitos, Peru, at the hospital regional de Loreto, under the wing of Dr Ernesto Salazar, a neurosurgeon, who founded the hospital.

My travel arrangements for the elective went as planned and there were no deviations from the risk assessment.

During my elective, I was fortunate enough to be able to stay at the home of Dr Ernesto Salazar and his wife, Rosy, who accommodated me warmly and treated me like a member of the family. Rosy even cooked meals for me and helped out with any questions I had about the area or any activities or sightseeing I could do during my stay.

Peru, as a whole, is a much less developed country than the UK. This fact is apparent, from when I stepped out the airport, to a group of taxi drivers, all fighting for my fare, to the children who beg shamelessly on the streets. Despite this fact, the Peruvian people make do with what they can as best as possible.

My elective in Iquitos, Peru, was similar in what I had in mind as I had friends in a year above who had spent their elective in this region of the world and had told me about their experience there.

My clinical experience at the Hospital regional de Loreto consisted of shadowing consultant ward rounds in both the infectious disease and emergency department, as well as performing various clinical examinations of patients. I had the opportunity but chose not to perform venepunctures during my time with the infectious disease team as I deemed it unsafe and did not want to hazard the risk of any needle stick injuries whilst I was abroad.

The healthcare professionals in the hospital regional de Loreto were very proficient at their jobs. They were delegated higher amounts of responsibility than in the UK. For example, the medical students there were the first line contact for the majority of patients who enter the emergency department. In some respects, I felt that health professionals in Peru were overqualified for their roles in the hospital than those in the UK.

My experience in Iquitos, Peru, was the first chance for myself to see the healthcare system in a less developed country.

There is an unequal distribution of healthcare resources distributed across Peru, with more utilities situated in higher populated regions such as Lima, Loreto, Piura and Lambnyequé and less resources in remote areas.

It was refreshing to see that even with the restriction of limited resources, health professionals were still able to utilise these resources efficiently to treat a large number of patients. Coming from the UK, it highlights how we can take the wide availability of healthcare equipment for granted and this experience will make me appreciate and respect the effective usage of medical resources more.

I also noticed that medical students were delegated more responsibility than in the UK. They were involved first hand in the decision making aspect in managing patients, especially in the emergency setting.

In terms of the region I visited, Iquitos, Peru, is the largest city of the Peruvian Rainforest. It is the capital of the Loreto region and is the fifth largest city of Peru. There is a high prevalence of tropical diseases in Peru; these include malaria, tuberculosis, Dengue fever, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and parasitic infections, such as amoebiasis.

Surprisingly, there is also a growing prevalence of type 2 diabetes mellitus in Peru, due to increasing consumption of sugar in the country's diet, such as excess sugar added to their tea, coffee and fruit juices. There is an obvious link between the acquisitions of tropical diseases of this part of the world to the living conditions of the majority of Peruvians. These risk factors include lack of sanitation, malnutrition, uncleaned drinking water, low household incomes and decreased access to healthcare when compared to the Western world.

Peru's healthcare system is controlled by five main sectors. First, the Ministry of Health provides health service for approximately 60% of the population. Second is the EsSalud which provides around 30% of the population's healthcare. The third and fourth entities of the healthcare system include the armed forces and the private sector. Lastly, the remaining system is supplied by multiple providers of service and insurance.

Many people seemed to pay for health insurance, mainly through a company called Seguro Integral de Salud (SIS) or EsSalud, which decreases the cost of medical treatment if a patient ever needed to go into hospital to see a doctor. Although the country is poor, it was nice to see that patients who couldn't afford to pay for their healthcare did not have to pay and received free treatment.

One of the largest bio-diversities in the world is located in Peru. 25,000 different plant species are founded in the country, with 2,000 of these plants believed to contain medical or healing properties. These plants and herbs were used to heal diseases during the early cultures in Peru and these traditional beliefs have been passed down to modern medicine. These products can be found in supermarkets, pharmacies and shops which offer alternative and natural medicines.

The majority of Peruvians however do still go to the hospital, accepting modern medical practices. In spite of this, many only attend at the late stages of disease or when symptoms become debilitating.

The best part of my elective was being able to witness rare tropical diseases that you would never or rarely see in the UK, such as Dengue fever or malaria. It was one thing to read about it in a textbook, but another thing to see the illnesses first hand.

The most frustrating part of my elective was probably that there was a slight language barrier, which restricted all the information that was available to me in terms of the medical teams when

they tried to communicate about the diagnosis and management of the patient. However, I was still able to understand enough to collate what the patient had, how they presented, and their treatment, but missed the smaller details.

One thing that I would have done differently on this elective would have been allocating my time in the hospital more wisely, so that I could spend more time in different parts of the hospital so that I could have gained more exposure to healthcare in different specialties. I would have loved to have spent some time in theatres to see some surgery.

I would definitely recommend this elective to a student who is interested in seeing what healthcare is like in a less developed country, and who can speak relatively fluent Spanish.

The biggest lesson I have learnt on this elective is to not take for granted what we have in the UK. I have developed a new appreciation and respect for the resources available that we have in the UK and will be more considerate of any medical equipment that I will use in the future, more than I would have had if I hadn't had gone through this experience.

I hope to take all I have learnt at Hospital regional de Loreto and incorporate it into my future medical practice.