

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**Barts and The London Medical School**

**SSC 5 Elective Report**

**A medical elective in Iquitos: The gateway to the Amazon.**

**Elective supervisor – Dr Ernesto Salazar Sanchez**

**Elective site – Hospital Regional de Loreto, Iquitos Peru.**

**As a part of my medical elective, I arranged to attend the Hospital Regional de Loreto in Iquitos Peru. Iquitos (translated as “the people”) is the largest city in the Peruvian rainforest, fifth largest city in Peru and the largest city in the world inaccessible by road. It is the capital city of its Loreto region and the province of Maynas.**

**The population of Iquitos is roughly 400,000 of the national population of 30 million.**

**WHO health statistics for Peru are listed below (2011/2012 figures)**

**Total expenditure on health per capita (dollar) – 496**

**Total expenditure on health as % of GDP – 4.8**

**Life expectancy m/f – 75/79**

**Under 5-mortality rate (per 1000 births) – 18 (1)**

**There are two main hospitals in the city; the regional hospital de Loreto and Iquitos hospital. Both these hospitals are public funded and there are many private clinics scattered around the city. There is good access to healthcare with sound transport methods to and from the hospitals.**

**The two specialties in which I was placed in was infectious diseases and paediatrics, with a few shifts in the emergency department and surgery.**

**What is the burden of non-communicable diseases in Peru in contrast to the United Kingdom?**

**Communicable diseases are those in which the condition is mostly chronic. It is also known as chronic diseases. As opposed to communicable diseases, they are not passed from person to person. The disease progression is long and symptoms are progressive. The four main domains of NCD are cardiovascular, cancers, chronic respiratory and diabetes. (2)**

As much research and media attention is drawn into communicable diseases such as malaria, dengue and HIV; NCD have a far greater burden of disease throughout the world. 38 million people die from NCDs and of that 75% are from low and middle income countries. Risk factors include tobacco use, lack of physical activity, alcohol use and unhealthy diets.

In the UK the statistics for NCDs are as follows

**Total deaths : 557,000 (89% of all deaths)**

**Proportional mortality – Cardiovascular (31%), Cancers (29%), Chronic respiratory disease (8%), Diabetes (1%), Others, including injuries and perinatal (31%). (3)**

These statistics (taken from WHO factsheets) can be compared to Peru. Although malaria and dengue are prevalent in specific areas, as is AIDS/HIV, the burden of NCDs are also significant.

**Total deaths : 132,000 (66% of all deaths)**

**Proportional mortality – Cardiovascular (22%), Cancers (20%), Chronic respiratory disease (4%), Diabetes (2%), Others, including injuries (28%) and perinatal (24%).**

It is interesting to note that the death rate from diabetes is double that of the UK. This can be attributed to the diet of many Peruvians that is high in sugars. (1)

How is the concept of a multi-disciplinary team similar/different in Peru than it is in the United Kingdom?

The concept of multi-disciplinary medicine in the UK is very well structured with the work of doctors, nurses, HCA, physios, therapists and others; that has been in place to maintain a smooth healthcare delivery.

The healthcare structure in Peru is very different to the UK. It is divided into five healthcare sectors. A top down structure is established that includes the ministry of health at the top, which supplies almost 60% of the population with state funded healthcare. There is also the EsSalud which serves around 30% and this is followed by the private sector healthcare (mostly found in higher income cities such as Lima and Arequipa). There is also a healthcare provider to the armed forces. Some of the population opt to get healthcare through insurance.

This loose structure of healthcare leads to lack of collaboration within sectors. I have also seen within the hospitals, there is no concept of a MDT. The doctors are very independent to the other services in the hospital. There is also a very high demand for herbal medicine, which further muddies the waters.

Peru is home to the Amazon rainforest, one of the greatest bio-diversities on the planet. This opens the doors to the use of the 25,00 different plant species to be used as traditional and herbal medicines. There are around 2000 that are used by the herbal doctors in the country. The use of herbal medicine is well known around the world and Peru is not a stranger to it. Traditional doctors works to provide healing properties through potions and herbal treatments. Many people take these very seriously and some, not all, use solely this avenue for treatment. Although most people also use allopathic therapies in conjunction, many approach such establishments late into their diseases when most options are unavailable to them, which further weakness the trust of hospital medicines.

This division in healthcare provision further creates a disjointed medical team that looks after the patient. Therefore the concept of having a MDT is made very difficult.

**What are the most prevalent paediatrics presentations to the hospital in Iquitos?**

The paediatric ward was very well managed with good infection control measures by the use of gloves and aprons. There were many children in the ward that had suffered musculoskeletal injuries from accidents and RTAs. Aside from these presentations, there was a high influx of children coming with fevers that were admitted under the premises of having either malaria or dengue fever. Water borne diseases such as cholera and typhoid were also prevalent due to poor sanitary conditions found in some areas of the city.

**In what ways do language barriers affect the patient-doctor communication and how can this be improved given the limited language skills and without the provision of interpreters?**

The main language in Peru is Spanish. The majority of people in the country speak it. There are also traditional languages and dialects spoken in the rural areas. I had some knowledge of Spanish and so the ward rounds were of some use, and there were some patient consultations that were carried out in Spanish. The use of an interpreter was not a common thing, only when the junior doctors would help non-Spanish speakers.

There are not many non-Spanish speakers in Peru and the cultural diversity is not as great as in the UK, therefore the use of interpreters is not usually needed. If it were needed, there would most probably be no trained interpreter, but solely a doctor acting as one.

1. WHO factsheet NCD: Peru. Available at [http://www.who.int/nmh/countries/per\\_en.pdf?ua=1](http://www.who.int/nmh/countries/per_en.pdf?ua=1). Accessed 10 May 2015.

2. Non communicable diseases WHO. Available at <http://www.who.int/mediacentre/factsheets/fs355/en/>. Accessed 10 May 2015.

2. WHO factsheet NCD: United Kingdom. Available at [http://www.who.int/nmh/countries/gbr\\_en.pdf?ua=1](http://www.who.int/nmh/countries/gbr_en.pdf?ua=1). Accessed 10 May 2015.