

ELECTIVE (SSC5c) REPORT (1200 words)

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

I spent my elective in an A&E department in a small hospital in Guadalajara, Mexico. I don't know quite what I was expecting, I had no idea how hospitals operate over there, how well equipped they are, or how it would work given I do not speak Spanish. I had confirmed before attending if my lack of language skills would be a problem, I was assured that Doctors in A&E spoke English and that they had had many non Spanish speaking volunteers in the past. In reality the Doctors spoke only a little English and it was the Mexican students that were more helpful. Given the nature of the work, the fact that it operated more like a clinic and that my role was largely shadowing, my lack of Spanish did put me at a massive disadvantage as I could not understand the consultations and this presented the game of trying to work out what was wrong with the patient from only the way they behave and the examination the doctor performs.

I do think that I was expecting chaos, a busy understaffed hospital. However this was not what I found, the A&E department was very small, 5 beds plus a resus room. The beds were often not full and there would often be hours passing without any patients coming through the doors at all. I put this down to the fact that Guadalajara appears to have many, many hospitals. A combination of completely public to completely private and everything inbetween. Hospitalito where I was working is a public hospital in quite a nice area, an area known in some places as the Beverly Hills of Guadalajara. Due to the location and small size of the hospital they see very little trauma and deal mostly with medical problems. Any presenting surgical conditions are transferred to another hospital as there are no theatres at Hospitalito. There are no wards either, therefore patients will stay in A&E until they are well enough to send home. The threshold here for sending a patient home being quite different to that at home.

The main sort of presenting complaints seen in the hospital are actually very similar to the UK. A vast majority of patients are coming in with complications related to diabetes, hypertension, obesity, heart disease, pneumonia, asthma. Similar to the UK there were many presentations of abdominal pain which the diagnosis' were not vastly different either. Something I did see a lot of which is completely new is a large number of scorpion stings per day. Aside from being home to various species of deadly scorpions, the public health problems in Guadalajara are very similar to the UK and the western world. I was lucky enough to spend one night with one of the doctors from the hospital at a different hospital where he worked over night. This hospital was very different to the other, it was in one of the worst neighborhoods of the city and was far less equipped. It was a Saturday night but the majority of patients were coming in intoxicated with either lacerations or head trauma. This was where I got the opportunity to practice my suturing skills the most, I spent a large portion of the evening suturing a large laceration to the shoulder.

I noticed quite a difference in the way patients are treated in general, there is very little respect there. As this is something that is drilled into us so much at home the difference was very noticeable. It seemed quite strange as when there were no patients around the doctors were extremely friendly, lovely people. Then with the patients they were often really quite rude, no privacy, ignoring them, talking over them, doing whatever they needed to without really talking to the patient. Interesting as you often find the reverse in the NHS. I had a conversation with one of the students about this after I had been examining a patient with them and asked them to translate so I could introduce myself and get permission etc, and the student had asked me afterwards why I had done this. He said that with this issue there's a big difference between private and public care,

he said with public care the patient doesn't have a choice so the doctors feel they can do what they want and the patients don't know any better. Whereas with private care the patient is paying for a service so they get treated a lot better. There is obviously an aspect of this difference between private and public in the UK but despite what you hear in the newspapers, we do have a lot more respect for patients in the NHS compared with Mexico at least.

One case that I found particularly interesting, a resus case, a 20 year old man in renal failure. As I arrived the man was obviously very unwell, very pale and thin, greatly laboured breathing. He was hyperkalaemic and an ECG had just been done showing signs of hyperkalaemia. The man had chronic renal failure and I found out later that renal replacement therapy is not covered by public health insurance. Minutes later the man lost consciousness and went into cardiac arrest. CPR was commenced and continued for over an hour. I struggled to see differences in the way the arrest was managed to how it is done at home, I asked later if they have any sort of guidelines they follow in such situations and was told they use US ALS protocol. The man did not survive. This was a particularly difficult cardiac arrest to be part of in a man so young with a preventable/ reversible cause of arrest. I was struck by what happened after CPR had been stopped, the medical students immediately lined up to practice intubation on the body. I can never imagine this being appropriate at home, the anaesthetic trainee briefly practising a particularly difficult intubation as happens at home seems very different to a long line of inexperienced medical students. However these students need to take the opportunity to learn these skills while they can, as they don't have the opportunities we do in the NHS and may be more likely to have to perform the skill, given limited resources.

Working in the hospital in Mexico was a great experience in terms of meeting people, understand how things work differently there and bettering my professional skills. Given the language barrier I did not get a lot of experience in history taking/ examination/ diagnosis. However I was able to practise clinical skills, including some skills that I would not have been able to do at home. Overall a good experience, but a bit busier may have been good.