

ELECTIVE (SSC5a/b) OBJECTIVES

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OBJECTIVES SET BY SCHOOL

1 Explore the incidence for common conditions in Peru compared to the UK.

Iquitos has a population of approximately 400,000 and Peru has a national population of nearly 30 million.

The WHO health statistics for Peru are shown 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

Below are the statistics for non communicable disease within Peru. Dengue and malaria as well as other infectious diseases are prevalent in many areas as to is sexually transmitted and blood borne conditions. Even still non communicable diseases place a big strain on the healthcare system within Peru.

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%).

These statistics can be compared to those of the UK below.

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%).

Its interesting to see the differences, on key factor is diet, due to the diet in Peru which involves large amounts of sugar, diabetes and diabetes related death is double that in the UK. The amount of liver disease is also much greater than in the UK, due to alcoholism and hepatis.

2 FORMTEXT Analyse in cost of care and how care is provided to those who can not afford it, in contrast to the NHS free health care

Peru's healthcare system can be thought of as a merger of the British, American and Canadian system. The healthcare provision is provided through five main sectors.

1. The Ministry of Health - This provides healthcare for approximately 60% of the population.
2. EsSalud - This is a health insurance like product that decreases the cost of medical treatment if the patient ever needs to go into hospital to see a doctor. This type of provides around 30%

of the population's healthcare.

3. Armed forces - Healthcare is free for the armed forces through mainly military provision but also standard hospitals.

4. Private sector - Many doctors also offer private sector care, either as a supplement to standard care or complete care.

5. Multiple providers of service and insurance.

Although in general the country's population is poor, the system in place allows for patients who are unable to pay to still receive a good standard of healthcare. In some ways this reminds me of the NHS.

The restraints on the healthcare system through limited funding for supplies and equipment in many cases resulted in the patient need to spend prolonged spans of time waiting for treatment at the detriment of their health. This was quite obvious during my time in Iquitos, though when contrasting this the increasingly financial nature of the NHS I wonder, how much the cost effective strategies we use negatively impacts on the patients in the UK, if at all.

OBJECTIVES SET BY STUDENT

3 Investigate the differences in treatment of common urological problems, such as obstruction and glomerulonephritis in the UK and Peru.

The incidence of key renal and urological conditions in Peru is quite difficult to find as there are very few databases looking into these things though it has been shown that the incidence of glomerulonephritis in Peru is distinct from other parts of the world though there are some similarities to be seen between Peru and some regions within Africa as it is seen that membranoproliferative glomerulonephritis is relatively common while IgA nephritis is relatively rare.

The treatment of glomerulonephritis in Peru follows similar protocols to the UK/USA though due to the limited range of medications available some alternatives are used.

With regards to obstruction it was occurring more frequently than I have seen in the UK. This may be because I was specifically looking out for them or because benign prostatic hypertrophy is not treated as much as in the UK.

As always the key thing is to remove the obstruction and then treat the cause and resulting damage from the obstruction.

With the difference in treatment the number of patients coming in for procedures such as epididymectomy due to infections. The real difference was in the time of presentation in Peru or specifically in Iquitos. Many of the patients live deep in the Amazon jungle and as such it takes a long time and lots of money to go from their home to the hospital. This results in a delay in seeking treatment and from that presentation at a much later stage than

you would expect within the UK.

Resources are also limited and most procedures are performed by open techniques while there is a big move in urology within the UK to use minimally invasive procedures.

4 Explore how the experiences gained on this elective will improve my language and communication skills with patients, especially when there is a language barrier and no interpreter.

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. My knowledge of Spanish is very limited and so my interactions on the wardrounds and with patients were difficult at times. We soon realised the use of interpreters is rare except when the doctors would help non spanish speaking students travelling to the area.

Spanish as a language is very logical and shares many similarities to words in English as such I was soon able to pick up the salient points from interactions in completely in Spanish though I did find some difficulty in speaking Spanish. Though that improved considerably during our time there.

Communicating with patients and staff was difficult at times but I was able to get by and sort other methods of communicating. This has taught me quite a lot and has given me a feel of what the experience must be like for patients who are unable to communicate effectly while in hospital.

We were lucky to be joined by three Spanish speaking students from UCLA. Who were able to help with translation in key situations and teach us key words. I saw the benefits of having colleagues who are able and willing to help when dealing with patients with language barriers.

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.

ELECTIVE (SSC5a/b) REPORT (1200 words)

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

Completed within the boxes above.