ELECTIVE (SSC5c) REPORT (1200 words)

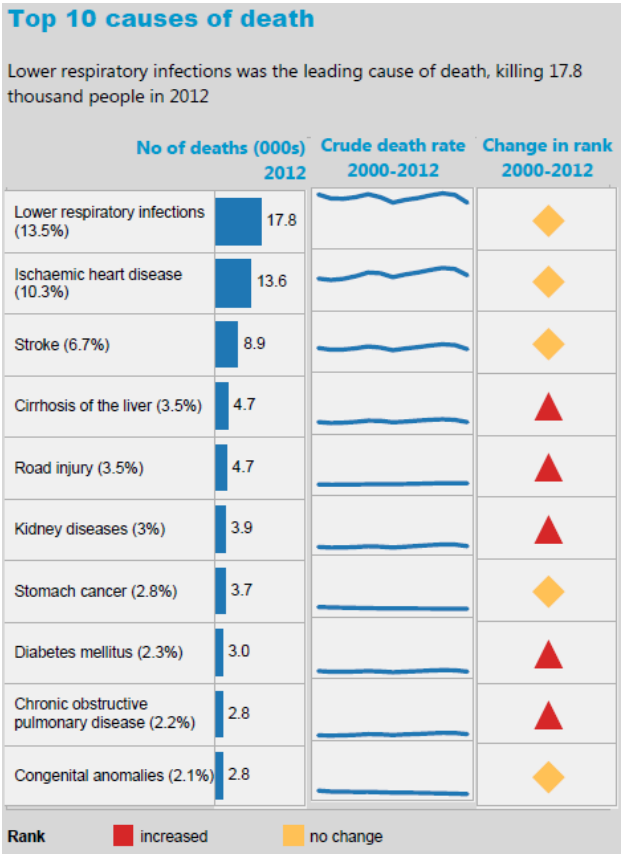
A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

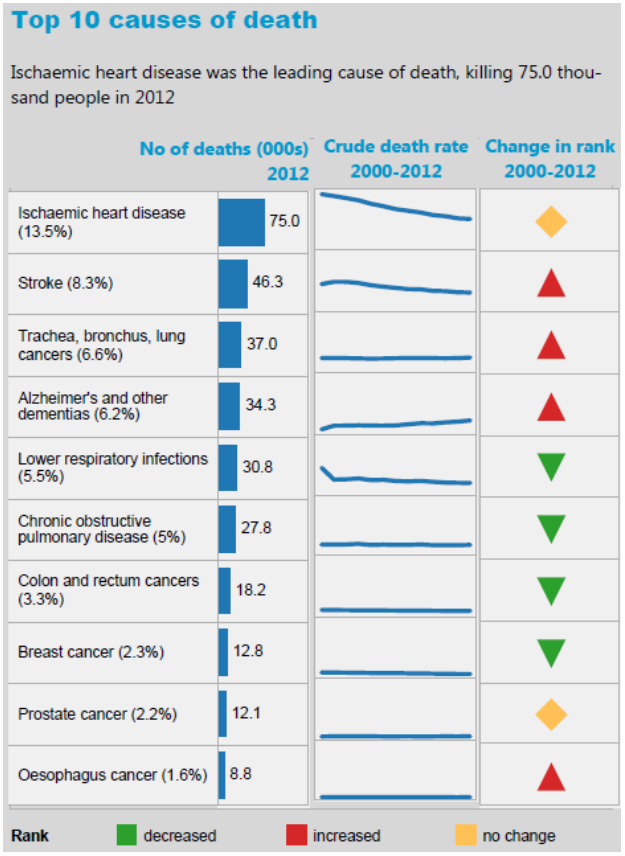
1. Identify the most prevalent diseases in this part of Peru and how they differ to the UK.

Health statistics of Peru vs UK (World Health Organization)

	Peru	UK
Total population (2013)	30,376,000	63,136,000
Gross national income per capita (PPP international $, 2013)	11,360	35,760
Life expectancy at birth m/f (years, 2012)	75/79	79/83
Probability of dying under five (per 1 000 live births, 0)	not available	not available
Probability of dying between 15 and 60 years m/f (per 1 000 population, 2012)	118/91	90/56
Total expenditure on health per capita (Intl $, 2012)	555	3,495
Total expenditure on health as % of GDP (2012)	5.1	9.4

Top 10 causes of death (World Health Organization)





The leading cause of death in Peru is LRTIs (killing 17.8 thousand people in 2012) whereas in the UK ischaemic heart disease (IHD) Is the leading cause (killing 75 thousand people in 2012).

I was lucky enough to encounter first hand patients with diseases which are far more prevalent here. This included: Dengue fever, Malaria, Tuberculosis and HIV.

2. To learn about the healthcare system in Peru and how services provisioned differ to the UK.
The healthcare system in Peru is decentralized; it is administered by 5 different sectors:

Ministry of Health of Peru (MINSA) – provides for 60% of the population
EsSALUD (Social security program) – provides for 30% of the population
Armed forces
National Police
Private sector

As a result there is a lot of overlap between services. As a result, the allocation of resources may not be as well utilized as possible.

Peru allocates 5.1% of its GDP to health care, this is approximately half the percentage that we in the UK allocate (9.4%), and is also lower than many of the neighboring Latin American countries.

3. To explore how traditional health beliefs and practices in the local population affect healthcare expectation and healthcare outcomes.

As Peru has a significant indigenous population, many people undertake medical practices which are very different and unique compared to that of the UK. Many of these practices are handed down from ancestors and include:
Shamans/Shamanism – a practice in which the practitioner is thought to have access and influence to spirits. Some believe ill health may result due to an imbalance between body and soul. Shamans are thought to maintain this balance and hence help keep illness at bay.

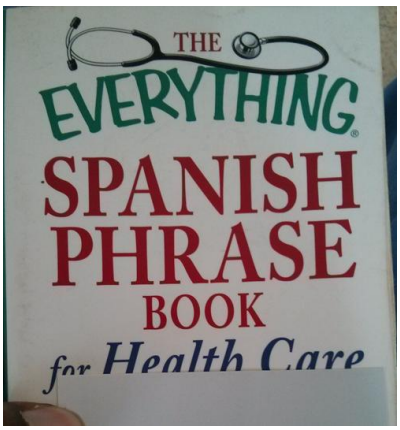
In my time in the hospital it became clear how health beliefs were directly shaping the conditions that patients present with. Prior to my trip I was expecting to see the weird and wonderful infectious disease prevalent in this part of the world that we would not get in the UK – such as Dengue fever. What struck me the most however was the chronic conditions that are also a burden on the healthcare system in the UK, in particular diabetes mellitus. I remember on one ward round we encountered 5 patients with amputation of one or both feet as a result of their diabetes. I was told by the doctors that the reason for the high number was because of the diet consumed by many – high in carbohydrates. This immediately resonated with my experience in eating out in Iquitos. I found it odd that on plate rice can often be served with both fried chips and roasted potatoes! I was informed that many people are not aware of the effects of excess of such foods on their health. It is evident some public health promotion need to be done to address this issue.

I was impressed with how the doctors attempted to keep up to date with the latest medical literature and I was intrigued at some of the difficulties faced as a result of patient health beliefs. In the hospital HIV patients used to be treated with HAART when their CD4 count was less than 250. Following important findings reported in new England journal of medicine, the doctors told us of how they proceeded to change this threshold for treatment to a CD4 count of 500 expecting a significant change in the survival rate. However the found that despite this change the disease burden & survival did not improve. This was thought to be due to patients presenting late in the illness. It was suggested Peruvians present to hospital later because they may sometimes wait for further progression of their symptoms before seeking help.

4. To reflect on my experiences in Peru, focusing on how it may influence how I approach, deal with patients, and how I practice medicine on returning to England.

At the hospital with colleagues from Barts & The London. From left to right: Dave Raj, Nabeel Virani, Jimmy Hung, Richard Bortey (Myself) and Khizar Rafique (Taking the picture).

Prior to coming to Iquitos I had been taking Spanish lessons in order for me to be able to make the most of my time here. However, once I arrived in the hospital initially, I found it particularly difficult to communicate. I found myself having to use body language significantly. All though I had learnt the basics, in the first few days there was still a substantial language barrier present with made it difficult to fully understand what was going on with the patients.



Accident and emergency was my first placement. In the first week I was given a sheet of medical terminology and body parts to memorize. I additionally had a Spanish phrase book titled:
The everything Spanish book for Health Care. I found this an essential handbook over the weeks. It allowed me to ask essential questions such as "Where is the pain?". Over time I found myself better able to understand the team around me, and with this I was able to get more involved.
One interesting case I encountered was an alcoholic gentleman who came in after getting in a fight and being slashed in the face with a broken glass bottle. He was bleeding profusely from the face. This case was particularly interesting in that it required several members of the team working together for the patient. It was the first time in which I felt part of the team as under supervision I was able to provide the gentleman with stitches.

The difficulties I had with communication and how this changed overtime has highlighted to me the importance of good communication in a healthcare team. Pondering on my experience I came to the realization that with inadequate communication we are individuals who are unable to work together effectively, but with good communication we are able to work synergistically in a way that is most beneficial to the patients. I will therefore ensure in the future I work hard to ensure I communicate well with colleagues.