

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

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

**1. Describing the pattern of disease and illness in the Panamanian community is difficult due to the type of work we were doing as volunteers. The key role of floating doctors is to provide basic healthcare to indigenous communities off the coast of Bocas del Toro by means of boat, and setting up clinics in the centre of these communities. For this reason each community only gets visited once every 1-3months. When there the most common ailments encountered tend to be more general practice based rather than acute, as I assume acute problems would present to the hospital on the main island. Whilst there there was a large degree of obstetric medicine required and providing antenatal vitamins and performing ultrasound scans was parts of every day care. In addition, worms and scabies were a big problem within these communities, to the point every patient that came to clinic was given an albendazole tablet to chew on the spot regardless of age or presenting symptoms and we had run out of supplies to treat scabies (permethrin and ivermectin) very early on in our placement. However, having said that the work was predominantly general practice there were a few instances in which emergency medicine came into play. Unlike the UK where if an emergency arises the patient can walk into their local accident and emergency department or call an ambulance, this particular population have no access to either of these services being on completely different islands to the hospital on mainland Panama. One particular example of this was a gentleman that came to the clinic to see us. His presenting complaint was simply that he has ran out of his heart medication 3 weeks ago but was waiting for us to arrive to give him more. In the mean time he had obviously not been taking any medication and had a history of stable angina. As taught vigorously at Barts I proceeded to take a full history from him before rushing over to pharmacy to see if we have the medications he so helpfully had written on a piece of paper. During this consultation it became apparent that his chest pain was no longer stable and occurred at rest too, not only this but he was having chest pain at that very moment. Naturally I was very concerned and a little scared when deciding what should be done next. I decided an ECG would be useful so spoke to a senior doctor who showed me how to use the machine, escorted the man to a private area (which was his living room a 25minute walk from the clinic) and performed the ECG using the same electrode pads that had been placed on numerous patients beforehand due to the limited resources and finances that come with being a volunteer organisation. The ECG was printed and there were no ST changes so I felt myself relax but to be sure I showed the ECG to the same senior emergency doctor, who spotted left bundle branch block. Now I knew if this was a recent onset then it is likely this gentleman had suffered a recent heart attack but how can you tell if it was recent or normal for him without access to any old ECG's? So anyway, the problems didn't stop there. We also didn't have his heart medication in our basic pharmaceutical boxes containing pain killers and various antibiotics etc. Our only option was to advise this man to get to the hospital on the mainland as soon as possible but with only a boat to get there which would require extensive effort on his part to start the engine (maybe too much for someone who has just had a heart attack and is at risk of another one) and the boat that was required to take all the volunteers home later the next day we felt we were very limited. Fortunately the doctors agreed that this was an extenuating circumstance and though there is not cell phone signal on the island, used the radio to contact another boat company to come out and paid them to take the gentleman to the hospital later that day.**

2. This example situation not only demonstrates the differences of acute medicine and emergency care between the Panamanian population and the UK but also highlights some of the challenges faced by patients and health care professionals in Panama. It is important to mention that other acute situations did arise, such as a young girl who had a seizure during clinic who was successfully managed and then started on antiepileptic medication available within the pharmacy and a lady who had recently miscarried a pregnancy and was managed appropriately with counselling following breaking of the bad news. Although healthcare for these communities has vastly improved with the introduction of floating doctors allowing patients access to general healthcare, many issues still remain. Due to the fact this is a volunteer organisation all finances and costs such as cost for the boat to get to the communities daily, cost of medication and equipment (i.e. ultrasound scanner, ECG machine, blood glucose monitor etc), and cost for administration, accommodation and more are all funded by volunteer donation. Therefore, when donations are low, the quality level of healthcare falls, for example the inability to provide children covered in scabies with the appropriate medication regime which was done once only in Panama as opposed to the once on the day and then again a week later for the entire family approach taken in the UK. Having spoken to other health professionals and colleagues on their electives it seems that floating doctors is not a very well recognised organisation, and I feel more marketing and advertisement might increase volunteer and donation numbers, however, where to find the money for such advertising is another problem.

3. The pattern of preventative healthcare services in Panama are considerably different to those in the UK. In the UK contraceptive advice is sought by the patient on most occasions and access to vaccination programmes are very good. However, in Panama every girl above the age of 11 is given a contraceptive depo injection on every visit by the doctor to prevent early pregnancy and maternal mortality. In addition, although there is a vaccination programme in place, access to these vaccines are very challenging for these communities and cannot be afforded by floating doctors as it should be provided by the government, creating a bit of a political grey area with the patients suffering the repercussions.

4. In summary, the experiences that I gained from volunteering with floating doctors within Panama helped appreciate the role that these volunteer organisations have in providing healthcare to communities that would otherwise suffer in silence. I with no doubt intend to continue playing a role in this throughout my career whether this be by volunteering, or by providing donations which I now understand go a very long way in helping and can be difference between better and worse quality of life, and even life and death in some situations.