

ELECTIVE (SSC5b) REPORT (1200 words)

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

I volunteered for two weeks of my elective at an organisation called floating doctors based in Bocas del Toro, Panama. I chose to carry out this elective as I always had an interest in experiencing rural medicine where access to healthcare is sparse and resources are limited. Bocas del Toro is a group of islands in Panama, which is home to a large number of indigenous Panamanians known as the Ngäbe. The Ngäbe are found in small villages throughout the islands and are the reason floating doctors was first established, as they are often very poor and have little or no access to health care. They tend to live in self made house that are hugely over occupied due to the huge family size, they often have no running water and no real floors. This type of living environment leads to the indigenous people having many health problems that without the help of floating doctors would often go untreated.

Floating Doctors have a boat that they use to travel between the different communities carrying medical leads, volunteers and lots of medical equipment and medications with them. There are single and multi-day clinics based on the accessibility to the community. In my first week I had two single day clinics in local communities and then my second week was a two day clinic in a community that required a 2 hour boat ride followed by a 3 hour hike up a mountain to reach. The remaining days in the week consist of packing the medication and other supplies needed for the clinics to run. At each clinic some volunteers would be placed on administration, responsible for ensuring that all patients previous medical notes were made available to the providers. The remaining volunteers were then split between intake and providers, the intake team would be responsible for finding out the patients major complaints as well as taking there observations and any others tests that may be needed. The providers would then see the patients and take a more detailed medical history and try and treat their medical complaints. This system worked quite efficiently as it split the jobs well among the volunteers.

The World Health Organisation shows that the leading causes of death in Panama are Ischaemic heart disease and cerebrovascular which are exactly the same as those of the UK. Initially this seemed strange to me as lots of the problems faced by the UK are due to our high sugar/fat diets mixed with a sedentary lifestyle that comes with having cars and TVs, something that seemed unlikely to be the case in these small communities. The indigenous people seem to have a very active lifestyle having to do a lot of manual work either tending to their crops and life stock or having to hike substantial distances to collect food. However after spending some time in their community it became clear that the reason that they have these health problems is that they lack education on the harmful effects of a high sugar diet. Their diets contain large quantities of fizzy drinks and sweets, as they are cheap and easy to get, they also use a lot of salt in their cooking to add flavour to the food. Many of the older patients that I treated had either hypertension or diabetes. Whilst there are many options for treating diabetes in the UK the treatment that floating doctors can supply is limited to metformin, and whilst I did prescribe this to several of the diabetic patients they have no way to monitor whether the treatment is working or whether the dose is correct. There are no self-test machines to give to the patients so they can monitor their blood sugar levels, floating doctors are unable to carry out HbA1c tests, so the dose is simply based on their blood sugar level at the time of consultation and then this is reviewed the next time floating doctors have a clinic which is usually 3 monthly, so this treatment is less than ideal. This is the same for most chronic medical conditions, floating doctors do there best to

offer some form of treatment to these patients but without regular monitoring it is unclear how much this is actually helping them.

The two medical complaints that I was faced with the most were headaches and worms. Almost every other person that I saw complained of a headache and after taking a detailed history about their lifestyle the reason soon became clear, they were all dehydrated. The weather in Panama was hot and even just sitting all day consulting patients I would easily drink 2 or even 3 litres of water, however the indigenous people who would work in the heat all day would say that they would only drink 1 glass of water a day. I spent a lot of my time educating people about the importance of drinking enough water and explaining that it was this that was causing the headaches. Hookworm infections whilst extremely rare in the UK are very common in these indigenous communities, the larva of the worms are able to enter the body through the skin often from contaminated soil. The people in these communities are often barefoot and therefore can easily acquire the worms, due to the overcrowding of families and poor hygiene, once one person in the family has worms the whole family is soon infected. Whilst the worms are easily treated by Albendazole, the patients will just get worms again because their hygiene has not changed. Whilst floating doctors aim to educate everyone about the importance of hand washing after using the toilet as well as giving out bars of soap to the families, there are simply not enough resources to help everyone, so the cycle just continues.

In the UK vaccination is deemed essential to protect children from many infectious diseases as they grow up, however the indigenous people of Bocas del Toro have never had access to any vaccinations at all. Children are not given names until they reach 2 years old and are simply known as 'chi chi' meaning baby, this is because it is accepted by the parents that a proportion of children often die before this age in the communities. Whilst it is unclear what these children are dying of, as they are never tested it is likely that some of them would be saved by the vaccinations that the children in the UK receive. Floating Doctors are completely helpless when it comes to this, as they have nowhere near the funding needed to instigate such a huge undertaking.

Volunteering with floating doctors has been an eye opening and truly rewarding experience that has allowed me to witness healthcare in a developing country, which is something that I have wanted to do since before starting medical school. I feel that it has provided me with some new skills that I wouldn't have necessarily developed if resources weren't so limited. I feel that the struggles I faced by having all my consultations via an interpreter and having to devise a medical treatment plan with very limited choices has made me much more confident and prepared to start my FY1 training.