

ELECTIVE (SSC5b) REPORT (1200 words)

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

What are the most common chronic health conditions faced by the isolated communities in Panama? How do these conditions differ from the main chronic health conditions managed by General Practitioners in the UK?

Surprisingly, there were many similarities between the health problems seen in Panama and in the UK. One of the most common conditions that almost every patient seemed to have was a headache. Whilst with every patient I asked questions to rule out any red flag symptoms, it was clear that the cause was dehydration in the vast majority. The patients work long hours doing manual labour in the sun and often only drink one cup of coffee and one small glass of water. It was clear from this that there was a distinct lack of knowledge and understanding about basic self care, which contributed to the high prevalence of headache within the different communities. In the UK, a more common cause of headache is either tension headache or migraine, which were much less common in Panama due to the nature of their lifestyles.

A second incredibly common chronic health condition, was musculoskeletal pain and osteoarthritis. This is not surprising when you look at the occupation and lifestyles of the members of communities that we visited. The majority of men work long hours doing manual labour. The type of work ranged from clearing swathes of jungle with machetes by hand to farm work. In addition to this, the women that lived in remote communities would have to walk two to three hours in each direction up and down muddy and steep mountain jungle passes each day in order to take children to school, to get food and trade the various things that they hand make. Knee osteoarthritis for women and a wide variety of shoulder injuries such as entrapment and rotator cuff pathologies in men were the most commonly seen presentations. In contrast to the UK, there were virtually no cases of inflammatory arthropathies, which still remains a disease of the developed world.

I was very surprised to find that such a high proportion of the populations in Panama had Type 2 diabetes. I expected that the diets of the communities would contain the traditional food staples of rice and beans, with some additions of fresh fruit and basic meats. However, the availability of highly sugary sweets and drinks was shocking! Even when we trekked 3 hours to a remote mountain community that was miles and hours away from the nearest built up area there seemed to be a problem with diet and diabetes. It seems that they face a very similar problem that we have in the UK, but the level of understanding and education about sugar and the link with diabetes is far less. Therefore I think that this chronic problem will continue to grow.

How is healthcare delivered to the population of Panama? How does this differ from the UK health service?

Healthcare in Panama is similar to the UK in that there is both a public and a private healthcare system. The public sector is run by social security and the Ministry of Health. Like many developing countries, the access to healthcare is rather like a lottery depending on where you live and this access is true for both the public hospitals and private centres. For example, all the major hospitals are in Panama City and these are well funded, the facilities are good and patients have a choice of doctor when they need to have medical care. However, in the more remote areas of the country where

Floating Doctors is based, there is a distinct lack of any reputable hospital and the public often rely on first aid services only. Therefore the main difference from the UK is the access to healthcare depending on location, as whilst this can be a problem in the UK the situation in Panama is much more significant for those trying to get medical attention.

How has floating doctors changed the access to healthcare within isolated communities? Can anything be learned from the provision of care from limited resources and the focus on preventative medicine in order to aid deliverance of healthcare within the NHS?

Floating Doctors has worked to bring healthcare to remote communities that otherwise would not get to a doctor or hospital, and also helps enable those that live close enough but cannot afford to get to a hospital to do so. The generosity of people both with their time volunteering, and in sending out medical and dental supplies is without a doubt the largest driver of the charities ability to function and continue to deliver treatment.

I thought one of the main things I would learn about that could be used in the NHS is how to be sparing with drugs by only treating what needed to be treated to prevent wastage. However, the opposite was true. Due to the fact that the communities may not be receiving medical treatment for over 3 months until the charity returned, we were much more cautious and as a result probably over treated patients to ensure that problems wouldn't become worse. In that environment, it was entirely appropriate to do so.

One thing we did was to try to educate patients to prevent further episodes of illness if they could be avoided by explaining things in simple terms. I think that a focus on prevention in the NHS and patients taking more responsibility for their own health would be an immense help to cutting treatments needed in the UK.

How has the experience of treating patients where English is not their first language helped your communication skills? Are there any particular skills you have learned that you will continue to use within the NHS on your return?

During my time on Floating Doctors, every consultation was done through at least one translator, sometimes through two if the patients did not speak Spanish. The most challenging part of this at first was the fact that you really had to think about what you wanted to say and how to communicate that effectively through a translator. All terminology had to be very simple, with no colloquialisms because my words were translated literally. I think this really improved my communication skills because I learnt to get my point across in simple terms. I believe that this will be tremendously helpful within the NHS, not only for the times that I have to communicate through a translator or when English is not their first language, but largely in everyday communication with patients on the ward. Hospitals are daunting and stressful places for patients so if you are able to explain things simply and clearly it will help to put patients more at ease.

Empathy is important in any medical consultation, and making sure that I was empathetic to patients even though I wasn't communicating with them directly was important. This meant I had to make sure that my body language was open and engaging, and I made sure that I spoke to the patient directly rather than speaking to the translator. All of this has helped me to become more comfortable in breaking bad news and talking about difficult medical situations as well as helping to reassure patients in the right situations, all of which will be helpful when I begin work.