

Marvi Iftikhar

Barts and The London SMD

Medical Elective in Cusco and Puerto Maldonado

Marvi Iftikhar

Objective 1

Learn what the most common conditions in Cusco are and how they differ from the UK

I undertook 4 weeks of my elective with an elective company, Mundo Verde in Peru. Within these 4 weeks, some time was spent in Cusco. Cusco is a high altitude (3600m above sea level) location. Given this I expected there may be some differences in the common conditions within the city prior to my elective.

Surprisingly, during the clinics I sat in on I noticed many of the common conditions seen in England were present in Cusco.

One of the first questions the doctor would ask patients was their past medical history, specifically asthma and diabetes. This question straight away showed me that such conditions must be common. Diabetes and obesity were common, which was understandable given the vast amount of chicken and chips, and fast food shops around the city. In fact, 15.7% of Peru's population is obese.

Conditions or symptoms I observed in the clinic included joint pain (back, knee, hand) related to osteoarthritis, overuse and upper motor neuron lesion. Other common conditions included thyroid dysfunction, urinary retention, common cold, migraine and gastrointestinal disturbance.

Investigation results commonly showed hypercholesterolemia with low HDL.

Interestingly, I also saw a first presentation of Parkinson's disease.

In the UK, the 10 most common conditions that present to a GP surgery include hypertension, immunization, upper respiratory tract infection, diabetes, dyslipidaemia, general check-up,

osteoarthritis, back complain and prescription request. During my time, I saw 6 out of 10 of these, and excluding the prescription request and immunizations I saw 75% of these.

In Puerto Maldonado, iron deficiency anemia presented commonly as did gastrointestinal infections in children, common cold and tonsillitis, and back pain. Incisional hernia and cephaloheamatoma were other interesting presentations. Infections of wounds in the hand and occupational hazards such as foreign object in the eye were seen. In Puerto, motorbikes are common and logging is one of the biggest markets and both these pose hazards to such conditions.

Objective 2

Learn about the healthcare system in Peru, specifically Cusco and Puerto if different to other regions in the country, and how this compares with the NHS.

Peru's healthcare system is very different to the NHS. There are 5 different systems at play. 60% of healthcare is provided by the Ministry of Health, 30% by EsSalud, and the remaining 10% by the armed forces, national police and private combined. There are differences between regions of Peru associated with the density of healthcare workers. Lima, the capital city, has one of the highest, with other more remote regions such as Loreto having less.

Peru spends 5.5% of its GDP on healthcare whereas the UK spends 9.1% of its GDP on healthcare.

In Cusco the hospital I was placed at was well established and had good resources. It was provided by EsSalud or insurance provided. In Puerto, this was very different. The hospital in Puerto, Santa Rosa, was less established and much smaller given the small size of the city. We also had the opportunity to visit two satellite clinics that also had emergency areas. These were much smaller and had a much poorer population attend. The resources here were much less compared to Cusco.

Objective 3

Learn about the common infectious diseases and what, if any, public health measures are in place in Cusco and Puerto Maldonado and how these compare with each other as well as the UK.

Given the very different climates between Cusco and Puerto Maldonado there is difference in the infectious diseases present.

In Cusco, sexual diseases and respiratory infections are common. In fact, in our first clinic, we saw a query about HIV and TB.

In Puerto Maldonado, the experience was different and enabled me to learn about infections not commonly seen in the UK. These included Leishmaniasis, TB, Leptospirosis, Dengue. Malaria is also seen in this area. Vector borne viruses are common here due to the hot humid conditions created due to the surrounding amazon rainforest which enable survival of mosquitos and flies.

Public health measures in Puerto included advising wearing long sleeve tops and bottoms, using insect repellent, and using mosquito nets. Furthermore insecticides and larvacides are used on stagnant water.

During the time in Puerto, I had the opportunity to visit the path lab in which we were able to see how samples are analysed for not only infectious diseases but also for urine and stool samples. We were also able to see how blood is analysed, and see blood transfusions and where and how blood products are kept.

Objective 4

Identify and learn from the experience of interacting with patients of a different culture and language and use this to help improve communication skills.

I have learnt about the importance of non-verbal communication as well as techniques to examine when a language barrier is present.

The main language spoken in Peru is Spanish. Not many people know English and most of those that do, know little. Other languages are spoken too. Before commencing the elective I did not know any Spanish. With the elective company we received Spanish lessons which helped greatly.

Furthermore we received a list of medical words translated, however, given the difficulty of referring to a sheet of paper to communicate this was not as useful as anticipated.

However, learning a few words and phrases of other languages is not a difficult task and can go a long way in establishing rapport with a patient and concordance. Simple phrases during introduction, and words that mean 'pain' or 'copy me' can be extremely useful during examinations.

Testing hearing by whispering a number in each ear proved difficult during one examination and I learnt a different method which can overcome this barrier and I can take this away to the UK which has more diversity than Cusco and in which more than one language barrier is possible.

Non-verbal signs and actions can help explain what you are about to do and get consent. Of course, having a translator present is best practice and was useful during my experience. The doctor acted as our translator when needed. However, non-verbal expressions even can be helpful in projecting empathy when words are not available.

Communicating with staff in Cusco was simple as our supervising doctor speaks English. In Puerto the case was different, but given technology this barrier was easily overcome.

