

ELECTIVE (SSC5b) REPORT (1200 words)

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

The country of Panama is a culturally vibrant place in Central America and like many of its neighbours it faces challenges with healthcare infrastructure. Though it is considered an upper-middle income country by the WHO, many of its citizens struggle with healthcare access, often due to poverty. The areas in which indigenous peoples live are often isolated rural villages, which further complicates the process of accessing health services, many of which they struggle to afford. One large challenge regarding healthcare in Panama is that it must address the double burden of infectious diseases, such as Leishmaniasis, malaria and the Zika virus, as well as non-communicable diseases such as Obesity and Cardiovascular Disease. In addition to these challenges there are a lack of services and education in my area of interest, paediatric health.

Floating Doctors is a non-profit organisation which aims to address the healthcare issues faced by individuals in some of the most remote coastal communities in Panama by providing medical and dental care as well as education on health and hygiene. As part of my elective I was able to join the Floating Doctors team and assist in providing medical care in some of less rural communities as well as the very remote community of Las Sabanas.

From the first hours encountering the health professionals who volunteer with or work full time at Floating Doctors, I had the feeling that the two weeks ahead of me would be filled with interesting cases to learn from and I was excited to get stuck in.

Our first week was spent conducting single day clinics in some of the less remote areas surrounding Bocas del Toro. On these days we loaded up the boat with whatever medical supplies we had and with a handful of interpreters went off to conduct a clinic. Initially I was struck by the complexity of some of the cases that we were dealing with, especially without the support of hospital based care, however it soon dawned on me that without us being there, even with our basic provisions, these patients would have nothing. We were able to see and often treat a huge range of patients varying from pregnant women to children with congenital heart disease and an array of tropical infections that we, as British trained medics, had never seen before.

The clinics are set up, often in the village school, with a limited supplies of medicines and very little by way of diagnostic tools. Unlike the UK, these clinics have no access to blood tests or state of the art technology. Although it was a challenge to conduct a clinic without these tools that we are used to using to guide our diagnosis and management plans, it was a great opportunity to focus on my history and examination skills. This practice was further complicated by a language barrier, in some of the communities the conversation required two translators; one to translate from english to spanish and then another to translate to the local dialect. Conducting a consultation via two translators was quite a unique experience, it was challenging and time consuming, but it really allowed me to practice my communication skills. Keeping the conversation simple and direct to ensure the whole conversation was being properly translated was particularly difficult. Conducting a consultation via a translator requires a great degree of patients and skill, this is something that I will continue to practice and no doubt use in my working life in East London.

One of the fundamental issues that faces these communities is sanitation and education on basic hygiene. These communities had little access to clean running water and resorted to drinking river or rain water. They also lacked sewage systems, which meant that the drinking water was likely to be contaminated with human waste. This resulted in us seeing many patients who were suffering with worms and diarrhoea. One of our roles as healthcare providers was to try to educate the patients about water sanitation and basic hygiene to try to prevent illnesses such as worms. It was often difficult to get the importance of these messages across to these populations, especially in the more elderly generations, as this has been their way of life for so many years and they are very stuck in their ways. One way floating doctors aims to overcome this is by providing households with soap. What we consider to be such a basic provision makes such a difference in these communities. We took time to teach the children how to properly wash their hands, this was one of my favourite activities while working in the communities. The children were receptive to new information and seemed to thoroughly enjoy learning the process. After being taught how to wash their hands they seemed to share the information they had learned with their family and friends. We soon had lots of people coming to us to ask for "jabon", which is soap in Spanish.



In Panama, health care for children is provided by the government and is free to access. Despite this, the indigenous populations struggle to access health care, due to poverty and lack of transportation. This poor access to health care in these remote communities is reflected in the mortality rate of children under 5 years of age in Panama which was found to be 17 per 1000 live births, this is in contrast to 3 per 1000 live births in the UK. In these communities, child mortality is particularly prevalent, parents are very accustomed to the reality of it. As a result of the high mortality rates it is normal for children to not be given a name for the first few years of life, they are often referred to as "chichi", which means baby, until the age of 5.

A particularly interesting paediatric case I dealt with during a single day clinic was a child who came with her mother. As I took the history I found that this child had been having what appeared to be generalised tonic clonic seizures that were lasting for well over ten minutes and were increasing in frequency. When talking to the mother it was evident that she was extremely distressed by the seizures and she felt very helpless when they occurred. She described one particular seizure in which she felt as if her child was possessed and dying and there was nothing she could do about it. Her response to the seizure was to try to sit the child up and give her water. In the UK, this child would have been picked up by the NHS and seen promptly by a neurologist and had continued care that would include a wide variety of tests and likely medications. Unfortunately for this child that would not be the case. It was

safe to say I felt a little out of my depths trying to deal with this case and felt like there was little that I could do to help. Fortunately I was able to educate the mother on what a seizure was and how to take basic precautions, such as lying the child in the recovery position and not putting anything in her mouth, in order to reduce the risk to the child. Although with the advice I gave I was able to reassure the mother and reduce the risk to the child, I found it very difficult to not be able to offer the family more help. It was then decided that Floating Doctors would provide the means for this child to attend hospital to be seen by a paediatric physician. Without assistance from Floating Doctors this child would not have had any chance of getting their condition managed. This is something that has continued to play on my mind since returning to the UK, it has emphasised the importance of having organisations such as Floating Doctors in the area to empower individuals to access the healthcare they need.



Although I only spent a short time in Panama, what has stuck with me from this experience is that while we address issues such as access to healthcare and overall health we should also empower these individuals with the knowledge to care for themselves and their families. Educating is the key to empowering all people, and it is my hope that through the continued efforts from Floating doctors and other organisations, the people of the Ngobe communities will be positively affected with regards to their health today and in the future.

