

ELECTIVE REPORT OF PERU- APRIL/MAY 2011

I had decided to do my elective in a South American country as I was interested in its geography and the culture. I picked Peru as my choice of destination, namely in the Amazonian city of Iquitos, as it caters for what exactly I was looking for! Iquitos (is the largest city in the Peruvian rainforest, with a population of 370,962. The climate is hot and humid. I did my elective in the Hospital Regional de Loreto, the one and only public hospital found in Iquitos. I choose to stay in Paediatric speciality. The first impression I got when I entered the hospital was that it was very run-down and old. The wards looked unclean and dirty, there was no alcohol gel seen anywhere. There was a basic telephone and one computer per ward present. There were many nurses present in the main ward, however just two interns for in charge of the whole ward, filled with over 40 children under the age of 10.

The conversions were all in Spanish and as my Spanish was minimal I found it hard to converse with my doctors at first. However, one of the interns spoke fluent English and was thus able to converse with me fully. During the ward round, I observed that there were no curtains resented between the beds- therefore no patient privacy. As mentioned before, there was no form of bedside introduction present or alcohol gel. The most common cases I saw during the ward round were bacterial pneumonia. It was apparent that was the most common cause of respiratory admission in this public hospital. Some of the signs I found were consolidation, pleural effusion during clinical examinations and nasal flaring. The way the pneumonia was managed was similar to that in UK. The patient is managed firstly by taking an extensive history from the parents. They are then examined by the interns, started on IV drips. Vital observation is taken and then X ray is ordered. Once a confirmation of pneumonia has occurred, the main antibiotic that is used is Penicillin.

I was surprised as to how similar the management of pneumonia is similar to that in UK. Whilst the things such as informed consent, explaining procedure were lacking, the medical core principals of history taking, clinical examinations, investigations and treatment remained the same.

The most common causes of paediatric admission in Iquitos included infectious diseases such as pneumonia, tuberculosis, tropical diseases such as malaria and dengue fever. Malnourishment was also unfortunately a common cause for admission. Congenital causes were less common, with only one case of Down syndrome seen in the whole elective period. Whilst conversing with the doctor I found out that women in Peru have their children at a very young age, mostly before they reach the age of 30, most of the family is completed. Thus, Down syndrome, unlike UK is very uncommon.

Whilst being in the hospital, I found that surgery is poorly advanced in Peru. The concept of infection-control is of a very minimal standard. At one instance, observed a doctor just simply covering a wound with a bandage rather than stitching it up. When I enquired regarding this, I was informed by the intern that healthcare in Peru is forty years behind the rest of the world. Inadequate funding by the government and lack of GDP has meant the most of Peru cannot afford a higher standard of healthcare.