

## Elective report – Charles Luo

### Objective 1 – What are the prevalent paediatric conditions in Peru and how do they differ from the UK?

In Peru, I experienced paediatric care in one of the EsSalud government hospitals in Cusco, run for patients with health insurance, as well as in a much smaller clinic/hospital in Mazuko, in the jungle.

In Cusco, for the most part, the prevalent conditions in the paediatric population were very similar to those I had previously seen in the UK e.g. bronchiolitis, asthma, Crohn's etc. and generally the management was very similar. This was surprising as Cusco, though it contained affluent areas, mostly occupied by tourists, also contained large areas where the population was considerably poorer, with contaminated drinking water and food, low levels of hygiene and houses open to the elements.

I had expected a larger number of cases of infectious diseases and malnutrition and was surprised to see that the disease distribution was almost the same as in the UK. However, I was informed that the hospital I was attending was solely for patients with formal employment, for which health insurance was mandatory. It is possible I would have seen more "developing country" conditions in the purely public hospitals, but I only had a very brief time in one of these and was not able to make a judgement about the prevalence of paediatric conditions there.

In Mazuko, I experienced many more tropical diseases affecting children, including a case of Leishmaniasis and a case of Dengue fever, neither of which I had experienced in real life in the UK. Because of the distance of the town from any other major cities, the clinic was only prepared to offer supportive treatments and medication for the more common tropical conditions. All other rarer or more life threatening conditions had to be referred on to larger cities, which were 2 or 6 hours away. This was a significant difference in the treatment and spread of conditions between the UK and Peru in this place.

### Objective 2 – How are the paediatric services organised and delivered and how does this differ from the UK?

In Cusco, I saw one aspect of the health service – the service provided by the government to health insured patients (health insurance being mandatory for all working individuals). In the hospital I attended, the services were organised similarly to the UK, there being a community doctor in the style of a GP, an A&E service and hospital into which more ill patients could be admitted. Aside from lacking some of the more expensive equipment, such as an MRI machine, the services provided were virtually indistinguishable.

However, there was another aspect which I only experienced briefly – the public service provided for patients without health insurance. This service appeared much more chaotic, as the patients largely turned up at A&E unannounced with no community care provided. There were also significantly fewer resources available in the public hospital. This separation of public and semi-public healthcare was not something I had seen before. Unfortunately, it appeared to discriminate against the more rural folk, who did not have formal jobs and so did not receive health insurance from the government.

In the jungle clinic, yet again, the service was provided differently. There was only the one public clinic with 4 doctors, a few nursing staff and a midwife, providing healthcare for the town and all the surrounding jungle towns. The clinic was able to provide four hospital beds for patients suffering more common diseases, such as malaria and Dengue fever, but was forced to refer more seriously ill patients to Puerto Maldonado, 2 hours away by private transport. This experience highlighted the difficulties of providing healthcare in a rural area.

### Objective 3 – To experience paediatric care in both urban and rural environments in a developing country

I was lucky to be on an elective that contained both a hospital placement in a larger town, Cusco, and a short placement in a clinic in the jungle, serving a few thousand people, which allowed me to directly compare paediatric care in a rural and urban environment.

In the larger hospital, I was able to see a number of interesting cases that I had not seen in the UK – a congenital hydrocephalus, for which I also saw the insertion of a ventriculo-peritoneal shunt, a traumatic head injury causing a depressed skull fracture, which had to be surgically replaced and a child who had suffered a severe scalding at home, causing second degree burns over her legs and part of her abdomen. These were all local patients from Cusco, but I was told that patients requiring more complex medical treatments or surgeries were sent to that hospital from all the surrounding rural areas.

The experience I had in the jungle clinic was very different and very rewarding. The doctors there were largely dependent on history taking and clinical examination to make their diagnosis, not having any complex investigations, which was interesting to experience. I also had an opportunity to experience laboratory diagnosis of malaria and leishmaniasis using a microscope. This was an interesting experience, as I had not undertaken any microscope work since medical school and never before on tropical disease specimens.

### Objective 4 – To gain insight into paediatric care with a view for future practice

During my elective, I experienced a number of paediatric cases, some of which were familiar to me and some of which were not. For the more familiar cases, as most of the cases were in the larger hospital in Cusco, I observed carefully the manner in which the doctors took histories, examined the patients and treated the patients. I noticed that the ward rounds and the consultations were generally a little less patient centred and a little more paternalistic, but as with my experiences with paediatrics in the UK, a considerable amount of the work lay in re-assuring or explaining things to the parents.

I also had the chance to follow a neurosurgeon on his paediatric rounds and observe a number of cases I had never seen before, described above. This gave me an insight into possible specialisation, should I choose to go into paediatrics and what specialising in paediatric neurosurgery would entail.

In the jungle, I was able to see the challenges involved in treating tropical diseases in the paediatric population. As with paediatrics in any other place, much of the history was provided by the parent or guessed by the clinician as the child was not always able to communicate the problem. This coupled with unfamiliarity of tropical diseases meant that it was a significant challenge to me to diagnose any of the conditions I saw. However, having experienced it, I feel I am more aware of shortcomings I possess and how to remedy it in future study and practice.