

What are the prevalent cardiovascular conditions in Brazil? How do they differ from the UK?

Hypertension is the most prevalent cardiovascular condition that I have seen in Brazil. The most striking difference is the age because there were many young patients diagnosed with hypertension and been started on medication. One of the main reasons for this is that sometimes it can be misdiagnosed because of a lack of properly sized blood pressure cuffs. There is also a cultural view that when one suffers a headache, hypertension is the cause. This caused many young patients coming into clinic with worries of hypertension and possibly being misdiagnosed due to a lack of adequate equipment. In the UK the diagnosis is more stringent compared to Brazil. Ambulatory measurement is the method used in the UK, but in Brazil they cannot afford this due to fewer resources. White coat hypertension is perhaps more of a factor in Brazil because the waiting times are a lot longer and patients in some ways are more grateful to be seen by a doctor, especially people from the favelas. Captopril was the antihypertensive drug favoured here however in the UK it is considered old and outdated. This is another difference highlighting the disparity in health budgets. On the other hand I have not seen many cases where heart failure or post-MI were the presenting case.

How are the cardiovascular services organised and delivered? How does it differ from the UK?

The medical teams here are structured a bit differently and there is far more communication between different members of the team which I think is something to aspire to. In one clinic there could be more than one doctor and a couple of medical students, and there is a lot of interaction within these groups. There are also community agents from the favelas who help bridge the gap between doctors and patients in the favelas. They have a constant presence around the clinic providing a vital role.

How are the relationships and dynamics between different members of the MDT different to those in the UK and what are the effects on health?

There is far more communication between different members of the MDT and I think this is something to aspire to as it leads to better overall care for the patients. I went to a hospital with a lot of leprosy patients and there were many physiotherapists there. They wore white lab coats and said there was a lot of respect for physiotherapists from both the public and doctors. Whilst physiotherapists are well respected in the UK I suspect they are more appreciated in Brazil. At the leprosy clinic in the hospital there would be many health professionals involved in the consultation, including the nurse, junior doctor and physiotherapist. After speaking to the patient the senior doctor would ask in turn for input from each of the other members and they would discuss thoroughly about the case. Obviously I have not seen any leprosy cases in the UK and cannot compare this to anything I have seen, but I was impressed with the interaction and thoroughness of what I had seen.

Another difference is the openness that medical students have here. During clinics they are very active and eager to participate and help in the consultation. In London, my experience is that medical students are reluctant to interrupt a consultation and will only ask questions at the end of the consultation when the patient has left. I think that these are two examples where medical education in the UK could improve.

How has my experience in the elective contributed to my development as a doctor?

My experiences in my elective have given me the chance to see other diseases such as leprosy and dengue fever, but also presentations that are often far more advanced than we see in the UK. For example I have seen a large scrofula, a buffalo hump and an extremely cachectic man with a large neck lump and severe dysphagia to mention a few. This will give me valuable experience as I will not get the chance to see this again. Seeing how the medical teams work here would also improve me as a doctor as it has given me a different perspective on how teams should be organised and how different members interact with each other to give the best care possible.