

Sungeen Patel

Elective Report

I carried out my medical elective in Iquitos, which is the largest city in the Amazon rainforest located in northern Peru. It lies between the Marañon and Ucayali rivers, which give rise to the Amazon River. The tropical climate gives rise to intense heat and high humidity, both of which contribute to the high prevalence of a host of tropical diseases including Dengue fever, malaria and yellow fever which are spread by insects such as mosquitos which thrive in these conditions. However, despite any warnings given by world health organization and travel websites prior to my departure, I only witnessed one such case of dengue fever during the entire five weeks that I spent in Iquitos. One of the infectious disease specialists explained that this was because of the approaching dry season at which time the number of cases drastically declined in comparison to the winter season from November to the beginning of May when the incidence increases so greatly that the department becomes overwhelmed with new cases that are difficult to deal with due to lack of resources.

Iquitos is the sixth largest city in Peru with a population of 457,865 inhabitants. It can only be reached by airplane or boat thus making it fairly inaccessible. However, the large population, poor living conditions and environment mean that there is a real need for good healthcare. Although the doctors and other members of the healthcare team work extremely hard and are more than capable of delivering treatment, the lack of resources due to lack of funding clearly shows. The hospital is a public institute which is partly government funded but mostly supported by charitable organizations. Therefore the money is limited and medical facilities are scarce. Furthermore, the doctor's wages are much lower than in other cities, which are similar sized. As a result one of the medical students that I spoke to said that he, along with most other students would not remain working in Iquitos after their mandatory two years of training after completing medical school, as the wages in Lima were much higher. This lack of incentive to stay in Iquitos meant that many of the departments that would ordinarily be found in any hospital within the UK were non-existent in Iquitos including a cardiothoracic, urology and neurology department. In the event of an emergency in which any of these specialties are required, the only option would be for patients to travel to Lima, which is 3 hours away by airplane. In reality this does not often happen due to a time factor in many cases and most importantly a lack of money. Iquitos is one of the poorest regions in Peru. Our National Health Service in the UK enables everyone to have equal access to healthcare, which is not possible in Iquitos. Patients must pay for any equipment used in their care and for treatment unless they are able to show that they have a valid health card.

The lack of resources means that the limited number of staff are unable to offer the same level of treatment that would be offered in other parts of the country or in the UK. There is no clear differentiation between different wards as beds are limited and areas of expertise overlap. For example, in the infectious diseases ward there were cases of penile cancer and diabetes. The area was cramped and quite often patients formed a queue within the ward to be seen. There were no

privacy settings in place such as curtains separate beds or doors to bathrooms, therefore at times what seemed to be random groups of patients were all gathered in one bay.

Infection control did not seem to be a priority, as it is at home. Although staff wore scrub tops, they paired this with jeans and wore this uniform home with no policy in place to ensure a clean set were provided despite the probability of them getting dirty out of the hospital. I rarely saw any of the doctors wash their hands and although alcohol gel was visibly placed sporadically around the hospital, it seemed more ornamental than functional. The doctors did not seem to be at all concerned with the possibility of catching or transmitting infection despite the seriousness of the diseases they were exposed to. It seemed that their laidback attitudes fitted with the setting as the ward appeared to be neglected in terms of hygiene. There was no clear cleaning rota and nobody seemed to take charge of sanitation. I often saw used dressings left at the bedside along with used sharps. The lack of funding within the hospital meant that the priority would always be more direct medical care with factors such as infection control being secondary, which seemed to be an understandable priority.

During my time in Iquitos I saw a range of medical and surgical specialties including neurosurgical, pediatric and emergency medicine. There were many cases that made an impact on me mostly because they were entirely new and in some cases unsettling. Of all of these there were two cases that stood out most for me. During the first week of my placement I met a 23-year old boy who had recently been diagnosed with penile cancer. I had heard of the disease in the past but only in association with its rarity and thus only seen a picture. To witness one in real life was unexpected and also made me more conscious of my surroundings in a developing country where these cases are not such a rarity.

The second case was of a 52-year old woman who had a diabetic foot. Although the case from a medical viewpoint was not unusual, the hospital environment was what made it particularly notable. Before entering the bay my consultant had warned me that the case might be a little alarming as the patient had stage 5 Wagner's diabetic foot. On entering I had an overwhelming urge to vomit as the smell was extremely pungent and filled the air in the cramped humid room. After suppressing my urge I was able to observe the patient's extensively gangrenous foot exposing both tendons and bone. Although this type of case is also seen in the UK, it was my first experience in witnessing such a case and what surprised me the most was that this patient was in a ward surrounded by many other patients none of whom seemed at all bothered by something which I found extremely difficult to deal with which made me appreciate how much expectations vary between patients from different parts of the world.

I learnt a lot about the cultural differences, attitudes towards healthcare and how the priorities of patients and doctors in the UK differ. I found this humbling and was extremely impressed with the quality of care offered by the doctors who have so limited resources within the hospital and incentive to stay in such a poor and relatively isolated area. I hope that in the future I can bear this in mind when having difficulty working in less privileged areas.