

1. Describe the pattern of disease/illness of interest in the population in Cusco

I recently undertook my elective in Cusco in Peru, where I experienced General Medicine. I was able to see a variety of diseases, some of which I have seen in England, however, I was able to experience them in a different way. For example, a disease which is fairly common in England- diabetes, was quite common in Cusco. However, patients presented with advanced, uncontrolled diabetes- on one occasion, a patient presented with several deep ulcers in the legs and was completely unaware that he had diabetes. Had he known, he may have been able to take more care of himself and these ulcers may have been prevented.

I also noticed that TB was prevalent in Peru, which I had not expected either

2. Describe the differences in healthcare between Cusco and the UK

Cusco regional hospital is a very busy hospital as it is one of the key hospitals in the region. On arrival, the first thing that I noticed were the long queues for the outpatient department. The wards were also quite small, with about 6-8 patients per ward. Like in England, patients are reviewed daily on consultant lead ward rounds, and nurses, junior doctors and medical students also follow and the consultant is informed of the patients progress, by the nurses and juniors alike.

Whereas in England when a wardround is large, people may be asked to leave, in order to make sure the patient feels more comfortable, this is not the case in Cusco. Another major difference that I noticed, was that patient confidentiality is far more difficult to maintain in Cusco, as there are no curtains separating beds- in fact the it is almost impossible for a patient not to hear what is being discussed about the patient in the adjacent bed.

Whereas in England, a patient centred approach is adopted, when devising a management plan, I have noticed that the patient contributes a lot less to how they would like to be treated in Cusco- this may be partially attributed to the fact that the patient always believes that 'the doctor knows best' and thus leaves the final decision about treatment, in the doctor's hands.

Finally, unlike England, staff do not tend to make washing their hands in between patients a priority- in fact hand gels are not present on the wards themselves. Furthermore, the spread of infection is controlled in England, by placing patients in side rooms, however, all patients are in the one small ward in Cusco. However on elective, I carried out all work, in a manner that I would have in England, for example, I brought in hand gel, wore a face mask and a lab coat at all times, in order to minimise the spread of infection

Furthermore, in hospitals such as the one we attended, there were fewer facilities available than in England, which often meant that patients would have to be transferred to the larger hospital in the capital city (Lima) in order to receive the appropriate care. This may be a problem in serious cases, as the time for diagnosis and treatment may be delayed.

3. Discuss the management of a disease that you saw in Cusco

Whilst on elective, I was expecting to see some infectious diseases that are not seen in the UK, namely leishmaniasis, however I did not come across this at all. I was later told that this was because most patients who catch these diseases are managed in the hospital in the capital city, Lima I was able to take a brief history from a patient who had late stage infective endocarditis. Although this is a condition that is sometimes seen in the UK, it is rare and I have not yet seen any of the signs.

Firstly, a history was taken from the patient and I then performed a cardiovascular examination on the patient- on examination, the patient had Janeways lesions and Osler's nodes, as well as aortic and mitral regurgitation. The patient was then given antibiotics, whilst further tests were performed in order to determine whether the most suitable antibiotic was being used.

4. Reflect on the elective and discuss how this will help in your future career as a doctor

The elective was a very great experience. I was able to gain exposure to diseases that I will probably experience as a doctor in the UK, as well as experience them at stages that I will not be able to experience in the UK. As well as giving me more practice on different medical examinations, it has also allowed me to observe some signs that I may not have otherwise had the opportunity to see (such as that of infective endocarditis and the murmurs of aortic and mitral regurgitation).

The elective has also highlighted the importance of some aspects of medicine, such as the maintenance of patient confidentiality and how important it is for all members of staff to maintain ward hygiene. It has helped me appreciate why infection control is present on the wards in the UK and understand why it must be followed.

Finally, the elective also showed me that healthcare in Cusco, is not as easily accessible as it is in the UK- it seems that people in the capital have better access to healthcare, which may also explain why people in this hospital presented with such late stage disease. Places such as Cusco, would benefit greatly from better healthcare promotion, so that patients are able to recognise the signs and symptoms of disease at an early stage and able to seek the appropriate medical care, thus preventing the disease advancing.