RHEUMATOLO

Elective Report – SSC 5c

Daniel Rivilla - 050116904

Rheumatology

Hospital Universitario Pedro Ernesto

Rio de Janeiro, Brazil

Learning Objectives:

1.- What are the prevalent rheumatologic problems and autoimmune diseases in Brazil? How are they different from those we find in the UK?

2.- How are rheumatology clinics and services run in Brazil? Are they any different from those provided in the UK?

3.- To increase my exposure to rheumatologic conditions to broaden my knowledge and experience in this field.

4.- To improve my clinical skills as well as my Portuguese.

Introduction

I took my medical elective in Hospital Universitario Pedro Ernesto and Policlinica Piquet Carneiro in Rio de Janeiro, Brazil. I joined Prof. Geraldo Castelar's and Prof. Evandro Klumb's team of residents (specialist trainees) in the rheumatology department. I attended clinics and weekly teaching sessions, as well as the weekly journal club and a monthly radiology meeting at another site. There was also a dedicated weekly slot for joint infiltrations in a one of the theatres but sometimes the infiltrations were done during the patient consultation in clinics. At Policlinica Piquet Carneiro there was an ultrasound room and the doctors performing the scan were always keen to explain the procedure and images. Some days of the week there were also students sitting on clinics which meant extra bedside teaching opportunities..

Hospital Universitario Pedro Ernesto is part of the Universidade do Estado do Rio de Janeiro (UERJ) and a public hospital. In Brazil, the public health system represents less than 50% of the medical services, so the private sector plays an important role among those that can afford it.

The medical degree in Brazil is a 6 year undergraduate programme consisting of 4 years of theory learning plus 2 years of internship with a more practical approach. After graduation, a doctor in Brazil can practise general medicine or become a resident in a hospital taking up a 2-3 years core training and 2-3 years specialty training path.

1.- What are the prevalent rheumatologic problems and autoimmune diseases in Brazil? How are they different from those we find in the UK?

The most common conditions I observed during my time in Rio were rheumatoid arthritis, gout, psoriatic arthritis, spondiloarthritis, systemic lupus erythematous, sclerodermia and Beçeht's disease. I was surprised to see so many patients with Beçeht's disease as it is not so common in the UK. I also saw a few cases of Takayasu's arteritis which I had never seen before. There is a massive mix of races in the Brazilian population with many people having ancestors of diverse origin and colour. I believe this might contribute to the incidence of some conditions, like Lupus, that was relatively common.

In my opinion, social circumstances and education played an important role in the disease process in Rio. You can see examples of this kind of problems in some areas of London too but I think it is much more accentuated in the type of population attending clinics in Hospital Universitario Pedro Ernesto. In some occasions I saw very advanced stages of some conditions due to the late presentation of patients or due to lack of compliance. The problem with compliance was caused sometimes by the lack of means to buy the required drugs to treat the condition or even due to the inability of the patient to read and follow the instructions to take their medicines. In some occasions, the residents would hand out free samples of medicines left by the drug reps so patients did not have to buy them. Patients could also use the "Farmacias Populares" to buy their prescriptions where the price of medicines was not so high.

2.- How are rheumatology clinics and services run in Brazil? Are they any different from those provided in the UK?

The rheumatology team at Hospital Universitario Pedro Ernesto was in the process of moving their outpatient clinics facilities from the main hospital to Policlinica Piquet Carneiro. The Policlinica offered a renewed working space, with ample interview rooms, in contrast with the small cramped cubicles at Pedro Ernesto Hospital, and a big meeting room that was used by the residents to show the X-Rays to the registrars or consultants and discuss the different cases. After the case had been discussed they would head back to the interview room with the registrar to review the patient.

In the UK, patients usually get an appointment at an exact time of the day and the time spent with the patient is normally fixed. However, time did not seem to be an issue here and the residents would spend as much time as needed with the patients, within reason. When booking an appointment, the patient would be asked to come for either the morning or the afternoon session on the appointment day. After reporting at reception they would hand out their appointment card so the next available doctor could call them in. Their card was always matched to their "prontuario" (patient notes) that would have been brought earlier to the clinic to have it ready for the appointment. All patients were ready to wait patiently in the waiting room to be called but there was no way for them to know when exactly this was going to be; this depended very much on the length of time a resident would spend with a patient and this was subject to different factors, being the availability of a registrar or consultant to discuss the case the main one. Sometimes the waiting time to discuss the case was long as there were other residents wanting to discuss their case with them too. This time was not wasted by the residents though. They would join the queue and follow the fellow resident whose case was being discussed to learn about the other patients.

Patient clerking and examination was done exactly the same way as it is done in the UK, with the same sections covering all aspects of the patient history and systems. Some of the examination material had to be shared among the residents (e.g. blood pressure cuff) but they seemed to coordinate quite well in this respect so it never caused an issue. It was really nice to see the enthusiasm to learn and teach by the residents and, if during an examination any of them came across an interesting sign, they would quickly let the others know so they could see it too.

The patient approach is extremely friendly to the point it could feel overfamiliar in the UK. Doctors are usually known by their first name (i.e. Dr Daniel) rather than their surname. Also, many doctors seemed to know quite well their patients even if they had only seen them once. It was nice to see on some occasions how happy both patients and doctors were to see each other again, even kissing hello and asking about the family. Topics that are difficult to talk about in the UK such as obesity are discussed openly with patients, with some doctors even pinching their patients' belly to tell them they really needed to lose weight.

Another difference is the amount of paperwork that always seems to be going on. Doctors fill in an endless number of forms for the patient to take with them including tests, prescriptions, certificates, etc. Records are not computerised so everything goes on paper. Even when it is time to book the next appointment they have to go and find the appointment register to write down the name of the patient on the day they are due to come back.

3.- To increase my exposure to rheumatologic conditions to broaden my knowledge and experience in this field.

During my time in Pedro Ernesto University Hospital and Policlinica Piquet Carneiro I had the opportunity to attend numerous clinics and had a good exposure to many different rheumatologic conditions. Very valuable indeed were the patient discussions between the residents and the registrars after presenting the clerking. They always made sure I understood the reason for the patient to attend the clinic as well as the investigations and planned management. The residents would also explain to me the different examination techniques used in rheumatology and would let me practise, with the consent of the patient, my clinical skills. The clinics were organised by group of conditions (SLE, RA, vasculitis, gout, etc) so it was easy to know beforehand the type of patient you could expect to see that morning or afternoon. For them, in terms of staffing, this made it easier to assign registrars according to their expertise, making a better use of their human resources.

4.- To improve my clinical skills as well as my Portuguese.

There were plenty of opportunities to practise clinical skills and the residents were very keen at helping me with any questions and doubts I had. All patients we saw were always happy to allow me to examine them and some were even grateful that "so many doctors" were looking after them. Some of them were also impressed that someone had come all the way from London to examine them! Overall I think my clinical skills have improved, not only the general examination of systems, but also the specific tests done in rheumatologic examinations.

I used a book to teach myself Portuguese, starting with the basics. Portuguese and Spanish are very similar so I was able to read and understand most of the conversations with doctors and patients from the very beginning. 90% of the teaching I received was in Portuguese so this also helped a lot to get used to the sound of the language. I think I can say my knowledge of Portuguese has improved greatly during my time here.