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Elective Report: General Medicine in Cuzco, Peru

I carried out my elective in Cuzco, Peru. I obtained a placement in general medicine at Hospital Regional, a government funded hospital. I witnessed a variety of cases in order to develop my understanding of illnesses in Cuzco and how it is treated. From this I could also extract how healthcare is different to that in the UK.

There were a few differences that were observed between Cuzco and the UK. The similarities were that both countries have private and government-funded healthcare as well as general practice surgeries to provide to the population.

In the UK, infection control is a big issue that is always addressed once entering the wards. This is addressed by the use of side-rooms to prevent contamination and the use of alcohol gel dispensers at every bed, sinks in every room for hand-washing and general campaign posters. In Cuzco however, due to limited funds and less awareness, none of these were to be found. I also observed that none of the medical team washed their hands in between patients. This was even witnessed even after examining a patient with tuberculosis. This was probably hindered by the lack of alcohol gel available or no sink within the room.

In addition, in the UK, there is a huge emphasis and respect for confidentiality and privacy. In Cuzco however, there were no curtains to separate beds. This meant that neighbouring patients were able to see examinations being performed and hear issues being discussed with the patient and their families. I also observed that consent was not asked during ward rounds for medical students to be present when talking to the patient and during examination suggesting that there was less rapport between the doctor and patient. In a way rather than coming to a compromise and listening to what the patient wanted it appeared that patients instead obeyed the doctors commands.

Moreover, relatives of the patients were encouraged to buy medical equipment such as saline to help with the patient's recovery. This can be quite burdening for a family with very little income and resources. I also discovered that medications such as antibiotics did not need a prescription in Cuzco and therefore could be bought over the counter and pharmacies.

There are a variety of diseases found in Cuzco that can also be found in the UK. Some examples are liver cirrhosis due to chronic alcohol abuse, cancer patients and those with pneumonias. Diabetes was also very common in Cuzco. Whilst the essence of treating remained the same (history, examination, investigations, treatment) the approach to handling the situation was different. In the UK, there is emphasis on prevention whereas in Peru, it appeared to be that there was a lack of health promotion in Cuzco, especially those that live in the jungle. In addition, due to financial constraints, patients only sought for help when it was severely affecting their lives. As a result, there were many patients at Hospital Regional that presented with very late stage disease and had text book signs that I had learnt over my degree. Infective endocarditis was example where in the UK, I was not unfortunate to witness a case but in Cuzco however, not only did the patient have both aortic and mitral regurgitation murmurs present but he also Janeway lesion and Osler's nodes. There was also a lady with lung cancer who had developed bilateral pleural effusions as a result. When asked she had been coughing up blood for the past 3 years. This is evident that due to the lack of

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health promotion, the lady was only admitted into hospital at the very end of the disease which sadly in many cases it is too late. This can explain one of the factors contributing to a higher incidence of mortality in Cuzco compared to that of the UK.

Even though there was little emphasis on infection control, the importance of religion in health was huge. With 81.3% of the population of Peru being Catholic and 12.5% being Evangelical, this was evident because in every room there appeared to be shrines, if not pictures of Jesus and sometimes Mary. This showed that the population of Cuzco heavily relied on religion to help them through illnesses along with medical support and the medical profession encouraged this practice. Relying on religion as opposed to medical care may also explain partly why patients only appeared to admit themselves into hospital when very late signs of the illness.

In terms of investigations, it was hindered due to the lack of technology. X-rays were still in film format and MRI scans were only carried in the capital, Lima. This meant that consultants took thorough histories and detailed examinations in order to avoid the use of expensive medical equipment.

One illness that is not found in the UK that I encountered in Peru was the infectious disease of mucosal leishmaniasis which is spread by the female sandfly and can present with a skin sore which can go un-noticed making it very dangerous. Patients are treated in the newly built sanatorium. Those with the cutaneous form can be treated as an outpatient and are given amphotericin B, ketoconazole and meglumine antimoniate. Unfortunately there is no vaccine to eradicate leishmaniasis, therefore immediate precautions are taken. This includes putting a net around the bed, attaching net to screen the windows, spraying insect repellent onto the body, and wearing protective clothing to prevent from being bitten. However, once again, as of the lack of health promotion and public health sector educating people on the effects of the sandfly appeared to be a huge problem and one that would appear to be ongoing.

My time at Regional Hospital in Cusco has definitely been a life changing experience that I can learn from. Having seen obvious signs that I had only read about in the past, I feel more confident in managing patients similar to the ones I have seen. I also appreciate the constant emphasis on infection control when on the wards and have made me be grateful for the policy that is established and integrated into the medical profession in the UK. As a doctor, I will also be even more aware of respecting a patient's privacy and confidentiality as it is a vital aspect between doctor-patient relationships and one of the key principals in becoming a good doctor. All in all this has been a great opportunity that I wish to take further and apply to my career as a doctor and in my daily life.