

Elective Report - Gregory Trilling

1. What are the prevalent conditions in general practice in Rio de Janeiro? How do they differ from the UK?

The clinic we are placed in in Rio is based in an area of the city called Morro do Alemão. Morro do Alemão is a series of very deprived areas of informal settlement in the city which are known as favelas (slums). Prevalent conditions in general practice in Morro do Alemão are generally fairly similar to those found in the UK. Viral upper respiratory tract infections, scabies, dermatitis, stubbed toes, varicose veins, constipation, obesity, hypertension, pregnant patients are all common. However, there are many conditions which are uncommon or extremely rare in the UK which can often be found in general practice in Rio de Janeiro. These include, more commonly dengue fever and parasitosis and less commonly malnutrition, leprosy, syphilis and gunshot wounds. Patients also present with large tumours which would have been treated much earlier in the UK. The major difference between the UK and Rio de Janeiro in general practice is the age profile of the patients. Life expectancy in the favela is far below the UK and therefore there are far fewer patients over the age of 50. There are also a lot more patients below the age of 25 as the fertility rate is much higher than in the UK.

2. What is the pattern of primary care provision in Rio de Janeiro? How does this compare with the UK?

The clinic we are placed in in Rio is based in a very deprived area of informal settlement in the city known as a favela. Most of these areas were until a few years ago controlled by drug trafficking gangs. The government would only enter the areas to capture drug traffickers using the military police. "Asfaltos" - those who did not live in the favelas considered them too dangerous to enter. The local government now has a program of "pacification" in which a permanent community police presence is established. As part of this program, free primary care clinics are also being set up in "pacified" favelas as part of a complex with the community police program and new schools. This is a new system in Rio de Janeiro as previously primary care did not exist and any health care which did exist for the poor was only provided in underfunded public hospitals. The government investment has led to free primary care coverage for approximately 30% of Rio's favelas. Patients are still required to pay for medication (sometimes subsidised) which they often cannot afford. Unfortunately the investment in primary care has not been matched by an investment in secondary care so referrals to hospitals can take a long time. This can have a severe effect on the quality of life for patients even with minor conditions. In my time in Rio I have often seen patients with painful, severe varicose veins in need of surgery which the public health system cannot provide in good time.

Wealthier residents of Rio are able to afford private healthcare where patients tend to choose which specialist to see. I have no experience of this area of healthcare in Rio and am therefore unable to comment further on it.

3. Improvement of history taking and examination skills

4. Learn medical Portuguese. Gain confidence in interacting with patients.

I have learnt to take a basic medical history and communicate to patients during examinations using Portuguese. I have often found it difficult to understand patients. I have actually found this has given me more confidence as I have been able to overcome these difficulties with communication with practice. I have often come across Brazilian patients when attending placements in London and hope to be able to use some of the skills I have learnt in Brazil to interact with them.