Elective report

Floating Doctors, Bocas Del Toro, Panama

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Objectives

1. What are the common presentations of conditions in Panama? How does this differ from the UK?

2. How does the Floating Doctors service work? How does it compare to normal medical services in Panama?

3. What is the healthcare service in Panama?

4. Develop skills of clerking and examining in extreme environments out of hospital. Reflection.

Floating Doctors is a non government organisation based in Bocas Del Toro in Northern Panama. It was founded in 2010 by an American doctor who travelled to Haiti when the earthquake struck to volunteer aid. On his return he stopped in Bocas as his boat broke down and while it was being mended he decided to set up a clinic based project there. Since then many long and short term volunteers, medical and non medical have come to help and the charity has grown.
After reading about the charity on the internet, I thought it sounded perfect for an elective placement. I wanted to do something rural and clinic based where the experience would be totally different to medical practice in the UK.

During the placement we divided our time between multi-day clinics to rural remote villages and single day clinics nearer by. The communities were mostly an indigenous population called the Ngabe. We also spent two days a week at a nursing home in Bocas town called Asilo. Bocas del Toro is an archipelago and therefore everything is reached by boat, hence the name of the organisation. It was an inspiring and eye opening time and nothing like I imagined.

The clinics were set up with firstly registration, then an intake station similar to a brief nurses clerking where the basic observations were also taken and then a provider station which is where I was placed. We also had a translator sitting with us. During the multi-day clinics we took everything we needed with us by boat and carried it all, sometimes quite a long way, to the community. We slept in hammocks above the equipment and ate rice and beans for every meal. By being in the community for more than one day patients were able to travel from farther away and we were also able to run a follow-up clinic for patients who were either started on treatment or who needed immediate care. We took a mini pharmacy with us, 3 large boxes of medications including analgesics, antibiotics and also drugs for chronic conditions such as diabetes and hypertension. We also had supplies to give to the families including toothbrushes, multivitamins and soap that were very popular. The clinics are largely primary care and I felt they were hugely beneficial to the community. There was always a large queue of people waiting to be seen when we arrived at each place.

The clinics were totally different to anything you could imagine in the UK. Firstly, the clinic was generally set up in a big open plan communal area of each village and so confidentiality was immediately lost. Secondly, patients came to the clinic and were seen as whole families with each member in the family presenting with a different problem. If any examination more than

listening to the chest was needed we had to go to the patient's house to examine them there. Most houses were wooden huts on stilts with at best, a mattress on the floor. I felt very privileged to be able to go into their homes and be welcomed there.

Patients at the clinic presented with a large variety of problems, however most were due to their occupation or the sanitation of water. In the local population there is a very large number of children, someone quoted to me that 90% of the population are between 0-4 years old. Most mothers were around 24, usually with at least three or four children. The most common presentations in children were worms and scabies but generally they were well and not malnourished. Water sourcing is also a big problem in the communities and most people stated they drank less than 3 glasses of water a day. A large part of our role was to educate the locals on the importance of water but also to boil it first. Most of the men complained of back pain, most of whom were farmers who used machetes everyday for cutting plants. For this we could treat them with anti-inflammatory medications and education in stance but in those instances I felt that it was difficult to treat the long term problem.

One of the challenges we faced and that was a stark difference to the UK was the lack of access to any diagnostic tools. It took me a while to appreciate that you couldn't check someone's blood or electrolytes whenever you wanted and that made the medicine much more practical and challenging. At the clinics we had some basic diagnostic tools including blood glucose and haemoglobin, urine dip and pregnancy tests. They also had recently been donated a portable ultrasound machine that was very useful.

As a medical student before leaving I was unsure as to what my role would be and at first it felt strange to be the only person seeing whole families, examining them and carrying out any tests I felt necessary. However, we were able to query anything we were unsure about with the lead consultant who kept a watchful eye over the clinic. Problems in specialist areas such as dermatology, paediatrics and sexual health were the most common presentations so my Oxford Handbook was very useful! It was an experience I will never forget.

The other part of Floating Doctors, when we were not in clinics involved visiting the residential home. Our work there included clerking and seeing residents, and giving them their daily medication. Most of the residents had psychiatric problems or were disabled. We also (weather permitting) could take them out for a walk which they all loved to do. Again, there was a stark contrast to homes in the UK. Their living was very basic with two large dorms, one for men, one for women and a room for eating and spending time during the day. The room had a table in it and a few chairs. However, I felt that the residents were happy and well looked after. Floating Doctors had offered to take it over and apparently since then it is much better. I enjoyed my time spent there on those days and it was good to be able to have time to speak to the patients and engage with them.

The healthcare system in Panama is partially government funded but generally private. In Bocas del Toro there is one small hospital with very basic provisions. The nearest larger hospital with surgical facilities is 4 hours away by bus in a city called David. There is no general practice set-up in Panama. Within the local indigenous communities that we visited, the other healthcare that they have access to other than Floating Doctors is the local 'medicine man', the Curandero. They are extremely well respected and the founder of Floating Doctors is very keen to create a strong bond with him and learn some of their remedies. However, I think that they are wary of western medicine and so this must be done carefully.

My elective experience was one I will never forget, I am so happy I chose to visit somewhere so remote and different to the UK as although the style of practicing and presentations are very

different, I learnt a lot that I hope I can transfer to when I start work as a FY1 in August. The importance of a good history and examination is paramount and this was made so clear when the tools we are used to using everyday in the UK are unavailable. I hope to return to Panama in the future and to anyone reading this elective report looking for inspiration on where to go for their elective, I highly recommend Floating Doctors.