

Peruvian Amazon Elective Report

1. *To investigate the prevalence, presentation, diagnosis and treatment of parasitic diseases such as malaria and fungal infections*

Before arriving in the Amazon I was under the assumption that I would definitely witness cases of malaria. However after undertaking my elective and speaking to local healthcare professionals I subsequently found that in the region of the rainforest I visited it was not a major concern. We didn't encounter a single case, and after speaking to the doctors at a regional 'Centre de Salud', they reported only 3 cases for the year. Far more common were other more benign parasitic and fungal conditions. In fact, such was the perceived prevalence of parasitic infections; every patient who attended one of our clinics was given prophylactic treatment against infection. Those who went on to report further symptoms consistent with parasite infections, which most commonly were altered bowel habits and itchiness around the anus were given further treatment. In addition we also saw a lot of children with fungal rashes. After speaking with our supervisor, they explained this was large part due to the extremely humid conditions and huge biodiversity of the Amazon.

2. *To understand the health provision available to residents of the Ampiyacu river*

The provision of healthcare to the local residents along the Ampiyacu River is best described as minimal and basic at best. The further up the river we travelled the more this was apparent. For those living in particularly remote areas there is no healthcare apart from that provided by local 'Shaman's', which is entirely traditional. The only medical attention they receive is from charity organisation like us that visit around once a year. As a result of this many of the patients we saw were very eager to receive large prescriptions of medications, despite this often not being warranted. For these people, if they fall ill they are faced with the decision to either attempt to recover at home or travel down river to the biggest local town (Pevas), which was often several days away. However this would often be prevented by the cost involved in making such a journey as this, which would be for many beyond their means. In Pevas the largest town in the Peruvian Amazon, there was a clinic that could provide basic primary care for most complaints. It was staffed by several doctors, nurses and technicians and had the capacity for minor operations and a laboratory to process test and investigations. More seriously ill patients, who were too sick for the clinic, would have to travel a further 2 days down river to the hospital in the City of Iquitos in northern Peru. In addition to the distance and financial cost of even accessing medical care, one of the biggest barriers was insurance. The Peruvian health system is insurance based and is provided by the government to all citizens as long as

they are fully registered. We found that many of the people in the Amazon were uninsured as they were either not aware or never given the opportunity to complete the necessary paperwork.

3. *To explore how the indigenous population healthcare beliefs interact with western medicine*

This objective is best answered from what we told by several of the charity leads that accompanied us for parts of the elective. They told us that from years working with the people of Ampyacu, they found that the locals still maintained strong beliefs in traditional medicines. Residents would often seek the help of local Shaman's for their ailments who would use very ritualistic methods that had been around for centuries to try and cure them. However if this failed, they would then go to seek modern western medical treatment. For me this highlighted that although there is still a great deal of trust and importance placed on traditional medicine by the locals, there is a definite realisation that western medicine is necessary in more serious cases:

I also found that the majority of patients shared several interesting health beliefs. Many wanted to be examined thoroughly and were not happy if they were not offered any form of medication at the end of the consultation. Many of the patients also asked for injections instead of tablets, as they often thought that it would be far more effective. We often had to explain that either an injection was not available or not appropriated for them. Furthermore, many of the mothers were constantly requesting multivitamins for their children. It seemed they all believed that these were essential for the child to grow up healthy and strong. As supplies of these were limited in many instances we had to reassure the mothers that their children were perfectly fine and growing well.

4. *To broaden and enhance my awareness of medicine in challenging environments and contrast it to care in the UK*

This elective gave an invaluable opportunity to really experience medicine in an extremely remote and challenging environment that is the Amazon. For each clinic we had to deal with limited medical supplies and equipment, language barriers, unusual health beliefs and presentations of rare tropical conditions that we had not encountered before whilst working in extremely hot and humid conditions. Unlike in the UK where I feel I have become largely comfortable in most medical settings, in the Amazon I was definitely out of my comfort zone.

What I found that despite all potential obstacles we faced, I was able to effectively draw on knowledge and skills gained during my time at medical school to make it work. I found that as we had no access to any tests or investigations, I had to look critically at the evidence available and rely on my

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skills of history taking and clinical examination to deduce a diagnosis. I found this extremely rewarding and beneficial to my future medical career.