

Elective Report

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

Although Malaria is common in the Amazon relative to its surrounding areas it is still not a frequent illness. Doctors from the local health centre told us that they typically see 2-4 cases a year. The most common tropical cases we saw were without doubt intestinal worms. So epidemic were they that every patient was given a Mebendazole tablet to take before even seeing any of the Doctors or medical students, as it was assumed that nearly every patient had a concurrent worm infection. Some of the patients, particularly children had symptoms from these infections such as slow growth, abdominal pain, bloating or actually seeing worms in their stool. Fungal skin infections were also common. Some were an unknown type of fungal infection and treated with a generic anti-fungal and some we were able to diagnose such as the occasional case of Pityriasis Versicolour or ringworm.

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

Peru has recently had a state health insurance program set up but adequate health care provisions still remain unobtainable for most of the residents of the Amazon. The reasons for this are multi-faceted. Firstly the healthcare itself is not comprehensive and therefore for every ill person the fear of sinking their loved ones into debt still remains. Secondly the journey to the nearest health centre involves renting a boat, paying for fuel and finding a place to sleep and eat for the relatives accompanying the patient. Lastly the healthcare system has certain stipulations such as paying a "small sum" to register your children which for people in remote communities is still a large amount of money, and you will also be de-registered from the program if you do not vote in elections, something which again involves expensive travel. One patient we met was a young man in his early twenties who had the worst case of ascites I had ever seen. We were informed by translators that he had been in hospital last year with a vague kidney problem but that it was too expensive so he left and returned to his village and was now very unwell and struggling to walk. Upon explaining the dire nature of condition he and his parents were still very hesitant to accompany us on our main boat to the next hospital as he no longer had insurance. He was eventually convinced as the Peruvian doctor on board called an insurance office on our satellite phone and had his insurance set up for him.

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

Many of the patients we treated had an inherent belief that injections were always better than tablets and therefore would often request them. This was a difficult request due to supply and time constraints. Therefore we often had to explain the efficacy of the medication to our patients a few

times. Another strong belief amongst our patients that we struggled with was the belief that all of their children were lacking vitamins. Our supplies of multivitamins on the boat at the start of the trip were quite large but very quickly they began to shrink as many patients at the end of their consultation would request them. Nearly all of the children had quite healthy diets and growth owing to their diet of fish, meat and vegetables from the local area, something the local mothers were unconvinced by with one asking me for vitamins so her son could get fat. On one occasion I gave a mother a small amount of multivitamins as near the end of our trip we were running out of supplies and she began to point at random medications such as Omeprazole and Tramadol telling me that I should give her some. This is something I can sympathise with as we were the first medical team they had seen in a year and of course our patients felt the need not only to make use of us for their current ailments but also any that might occur in the next year.

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

One of the big inevitable problems with our boat clinic was of course absence of any investigations such as simple blood tests or imaging. Although frustrating at the start it was also a good chance to stretch our knowledge as the only source of information we had were a history and sometimes a very brief examination. I also found that these village residents placed privacy as a much lower priority, even when it regarded intimate health issues. Often other villagers, tired of standing in the queue, would come over to our table and sit down beside the patient and listen to their consultation until it was their time to see a doctor. This was something I found strange at the beginning but I quickly realised that the patient was in nearly all cases happy and relaxed about this and therefore I quickly became accustomed to it. Another problem that became more apparent as the trip continued was the limited supplies. There was a limited selection of medications available on the boat and often we would find a lot of our back-up medication had expired. Most of the vital and commonly used medication we had in bulk such as analgesics and anti-worm medication, but certain important items were not in our stock such as pregnancy tests or spacers to accompany the inhalers we did have. We also had a large stock of reading glasses at the start of the trip that was completely exhausted by the end of the first week as once the first pair was given out in a clinic every patient would ask for them. This is of course a charity and therefore many of the medications we used were donated, sometimes by well-meaning benefactors that hadn't before been on a trip. Therefore some items we had in bulk were of very little use like some dubious snake venom suckers for when in theory someone is bitten by a snake, something Dr Graham told us he had never used in his 20 years with the charity and had no proof of efficacy. Project Amazonas is quite responsive to it medical volunteers though as Dr Graham asked us at the end of the trip to write down what supplies we felt the next trip needed and he would try to procure them.