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Elective Report

Objectives:

- What is Floating Doctors?
- How does Floating Doctors work in providing healthcare, and how is this different to that in the UK?
- What are the common presentations in Panama and how are these different from those in the UK?
- What did you most enjoy about your time with Floating Doctors?

Floating Doctors is a non-profit organization, based in Bocas Del Toro, a small island just off Panama, and was founded in 2010 by Dr. Benjamin La Brot, a native Southern Californian who through traveling noticed the enormous demand for healthcare around the world. Floating Doctors is the primary healthcare provider to just over 25 key areas over a 500 square mile radius, delivering medical care to remote towns in the Archipelago de Bocas Del Toro region. Southern Wind is a 76ft boat which was donated to Floating Doctors as a means of transportation to enable them to reach the isolated people and areas served by the Floating Doctors team. Southern Wind's first mission came during the Haiti disaster, where 11tons of relief supplies were provided during time of despair. During Bens' return from Haiti, Southern Wind unfortunately broke down in Bocas, and it was during this time that he decided to set up a base in Bocas. For the last 4 years Floating Doctors has successfully welcomed help in the form of volunteers from various backgrounds to enable the smooth running of the organisation. For example doctors, nurses, optometrists, dentists, physiotherapists, medical students, public health researchers, educators, engineers and anyone with a pair of "willing hands" prepared to help out.

My friends and I first became aware of floating doctors through a previous elective student, who had been travelling around Central America on her elective and seen signs about Floating Doctors, distributed throughout Bocas Del Toro. Through further investigation and research this seemed to fit our criteria for everything we were looking to gain from a medical elective. Our ideas and expectations before starting our placement were very much similar. We appreciated that travelling to what could be described as a third world country was going to be different to the medicine we see everyday in the UK, not only in terms of the various presentations of conditions but also the ease and accessibility of healthcare available.

Floating Doctors operates an extremely organised schedule in terms of how and where it delivers healthcare. Generally this is divided over a two week period. One of these weeks is then divided into alternating days of visiting a nursing home called The Aceilo, and travelling to smaller islands by boat which neighbour Isla Colon and setting up what is known as a single day clinics. With the following week involving longer multi day clinics, where by we travel to extremely remote areas often much further away and spend several days in one community. I had read of this schedule before starting

working with Floating Doctors; however I was not aware of the huge organization required to produce what was a smooth running of these days. This is because setting up a single day clinic would involve transporting all of the medical equipment from the mainland via boat to the isolated communities. This included several large boxes which contained the "mobile pharmacy" and included various drugs from simple pain relief to anti-hypertensive medication. This required a huge amount of teamwork and good communication skills was imperative. Once we arrived at the island where the community was we often would have to transport all of the medical equipment and drug supplies a further distance to the "Rancho", a central community point where we would run the clinic that day. The clinic was set up in the same way each time. There would be a general admin table where by patients would register, and if they had been seen by floating doctors before there medical records from previous admissions were looked at. Then there were approximately 3-4 intake stations, where by the patients vitals were recorded such as blood pressure, temperature and heart rate as well as a brief history of the problem. Then there were 4-5 provider stations, which is where myself and the other doctors were based. Here we would compile the information from the previous stations as well as ask further questions and carry out more specific examinations or investigations, to lead to a diagnosis and treatment plan.

The multi day clinic would be more or less exactly the same setup however the communities were often located much further away from the mainland. Rather than us returning after one day we would run the clinic over three days and stay within the community. We would leave Bocas on the Tuesday and use this day to travel and set up the clinic for the coming week. The main thing I really enjoyed about the multi day clinic was how involved we were with the community. The communities were often fairly small and centered around the main Rancho. Sleeping arrangements were in the form of a hammock tied up around the clinic or between two strong looking trees! Our meals were provided and cooked by one of the families in the community who was often the contact for floating doctors. When I say meals I mean rice and beans which we ate for lunch and dinner for four days! The main benefit of running the multi day clinic apart from the fact we were providing healthcare to such remote areas, was we were able to run what was known as a follow up clinic on the last day. Therefore if we had seen patients on the Wednesday or Thursday and felt they would benefit from seeing the doctor one more time before we left, then we were able to ask the patient to come back to the clinic on the Friday. Most of the time these patients were children who either had a rash or viral infection, and after starting them on medication wanted to see if they were improving. The main difference I noticed from the multi day and single day clinics was the sheer volume of patients we had to get through. When we arrived on the Tuesday to set up the clinic already families were coming over to us asking us when we were starting and at what time we were open in the morning. Then often when we woke up there was already a huge queue of people waiting to be seen before we had even started!

Medical equipment available during the clinic included all of the equipment to record basic vitals including blood pressure cuff. However diagnostic tools were limited to urine dip, blood sugar monitoring, pregnancy testing, hematocrit level and one of the most useful tools a portable ultrasound scan. However situations did arise where a simple full blood count including LFTs etc. was vital, however unavailable. This is

something we don't think twice about requesting back in the hospitals in the UK, and it really made me appreciate how useful this testing can be.

Once a community had been seen whether in the form of a single day or multi day clinic they would then be visited by the floating doctors' team in three months time. I often found this difficult to comprehend that there was no real way of checking to see if the patients were ok. You had to be very sure in your diagnosis in the first place and you were not sending a baby away who you suspected had a fever but actually had meningitis.

The majority of patients who visited the clinic where from the surrounding communities however there were a few families who had travelled further afield to be seen by a doctor. The main difference between seeing patients in the clinic and seeing patients for example in a GP setting back in the UK was often instead of seeing individual patients you would see an entire family, which could be up to as many as ten patients in one sitting! Therefore consultations could take up to 2 hours by the time we had thoroughly examined each patient. Children ranging from a few months old to 10 years were the most common age group that presented in the clinics. I particularly enjoyed this considering pediatrics is a huge interest of mine. Mothers who were not much older than myself would often bring 3-6 of their children all to be seen, and often the clinics felt like a nursery!

Back pain secondary to dehydration and manual labour was a very common presentation, considering the lifestyle of many of the families. However it was imperative not to become complacent when diagnosing back pain as simple "mechanical back pain" when actually there could be something else going on. My last patient, a 75 year old black Afro-Caribbean gentleman on the last day of our multi day clinic presented initially with urinary symptoms and on further questioning also had back pain, as well as 6 month history of significant weight loss. This triggered alarm bells, and it was crucial to eliminate all of the red flag symptoms possible for back pain. Unfortunately we did suspect something sinister was going on in the case, and the most upsetting and frustrating part of this was the fact this patient could not access the medical care which we take for granted to diagnose this case. Instead it was a matter of time waiting for a possible donation from the public to enable him to travel to a different town to receive the necessary medical care.

Worms again was an extremely common condition which could have been missed as a diagnosis of gastroenteritis. Worms presents similarly with crampy abdominal pain and diarrhea plus or minus the sighting of a worm in the stool. This was often more commonly seen in younger children. Often I found mothers or patients with suspected worms were often so desperate to receive the treatment as prophylaxis, they would either pretend they had symptoms at the time, or simply just ask for some, in case they acquired the disease after we had visited.

My time with floating doctors was unforgettable, working with an inspiring team and having lots of fun along the way, this was definitely my favorite part of elective. It was interesting to work alongside lots of other medical professions from all different levels as well as different countries, and compare the way we have been taught.

It has allowed me to gain insight into tropical medicine and the options of studying medicine in a different country. Carrying out a diploma in tropical medicine is something I would now strongly consider after my FY2, and I can't wait to be involved with more work abroad.

I hope to stay in touch with the floating doctors family in the future, and look at the possibility of going back and working for them!