Elective Report

Oliver Sohan
ha08226@qmul.ac.uk

Elective dates: April 7th - May 16th 2014

Supervisor: Dr Raymond Cherington, volunteer@clinicaesperanza.org

I carried out my medical elective with four others in the Bay Island of Roatán, a small island off the coast of Honduras in the Carribean Sea. We decided to carry out the placement at Clinica Esperanza, a walk in medical clinic that provides low cost (and often no cost) medical care to the local population. From the moment we arrived, we were encouraged to lead our own clinics and establish management plans independently. Frequently, we were called upon by other medical professional volunteers to assess patients to determine whether the patient was safe to go home or more often, determine whether the patient needed to go to the mainland for radiological investigations or procedures.

1. Describe the pattern of disease/illness of interest in Roatán

During my placement, I lost count of the number of patients who presented to the clinic requesting a medication refill for blood pressure medications. Patients had often been on their medications for months, and in some cases years, at a time with no regular monitoring. When their blood pressure was then checked, I would frequently find blood pressures of 200-220/140-160. The first time I experienced this, I immediately obtained an opinion from the doctor in charge, Dr Raymond, who laughed and told me just to increase the dose of one of the patient's medications. Initially I found this difficult to get my head around, but as he later explained, there was little more one could offer patients, as the clinic did not have access to more advanced drugs.

Whilst in clinic, I also encountered numerous patients who presented with minor complaints such as coughs and colds, who on initial triaging had been identified as having blood glucose levels of 20 and above. Several patients required fast acting insulin immediately but where the blood glucose was in the 10-15 range, patients would often be prescribed Metformin. However, about halfway through the placement, the clinic ran out of Metformin which meant that the only way patients were able to obtain the drug was privately through a local pharmacy. It became obvious that many of these patients were unable to afford the private prescription and whilst I would still write them a prescription, I was not confident that they would go and collect the medication. To complicate matters further, the clinic was unsure when their next delivery of Metformin was to be made.

Being in a tropical country where the water supply was often contaminated, there was also a major problem with parasites. Fortunately the treatment was simple, with patients receiving a one-off stat dose of Albendazole.

2. Describe the pattern of health provision in Roatán

Clinica Esperanza is a walk in clinic that was set up by Ms Peggy Stranges, a resident nurse who came to Roatán in 2001. She identified a critical need for health care services in Roatán, and decided to set up the clinic to enable the provision of these services to the local population.

On the second day of our placement, Ms Peggy drove us and several other volunteers to the local hospital in Coxen Hole. On arrival, we were immediately able to appreciate just how well run and equipped Clinica Esperanza was. The local hospital didn't have running water and patients in the surgical ward were virtually lying on top of one another in a dirty room with one window providing poor ventilation from the 33°C outside. In the delivery suite, a room with two beds facing one another, we were told that ladies who had just miscarried frequently ended up sitting next to mothers who had just given birth. The whole experience was a complete shock for all of us and on reflection later that evening, we all expressed how glad we were doing our placement at the clinic where we felt we were in more of a position to make a difference and help patients.

3. To observe community medicine in Roatán and appreciate the differences in provision of care between Roatán and England

Over the placement at Clinica Esperanza, I was able to experience community medicine but also aspects of acute medicine. I was able to run several paediatric clinics, where during one clinic, I saw a little girl who presented with an enlarging facial abscess that was causing periorbital cellulitis. Having drawn up two management plans, one being to send the girl to the mainland for hospital treatment and one to treat with a broad spectrum antibiotic, I obtained a senior opinion from Dr Raymond. He advised me to literally squeeze the abscess to drain any pus and then to start broad spectrum antibiotics, with the parents advised to return to the clinic after the weekend for follow up. To my relief, the next time I saw the little girl, the cellulitis had settled and she was smiling again.

At the clinic itself, medications were in short supply. Medications were obtained through donations from volunteers or by trading medications with the local hospital. Therefore, we would often run out of drugs which would be extremely frustrating. However, never once did a patient complain or get angry - patients were extremely grateful and would often wait hours just to receive a prescription of multivitamins.

4. To improve my diagnostic and clinical skills

Having run my own clinics alongside one of my Barts colleagues, we both had plenty of opportunities to practice history taking and clinical skills. I find working closely with one other individual an ideal way to learn as you are both in a position to critique each other without wasting time, which often occurs in larger groups. As time went on, we found that there was a massive emphasis on taking a thorough history, especially with the limited capacity to carry out investigations as simple as a full blood count.

5. A memorable experience

My most memorable experience at Clinica Esperanza was towards the end of my placement. A young lady in her mid 20s walked in to the clinic room and immediately I could tell she was extremely unwell. She had sunken eyes, looked low in mood and was tachypnoeic. I was with my Barts colleague and we proceeded to take a thorough history whilst we took our own set of observations, which revealed tachycardia and ketonuria. After spending close to an hour and a half taking a history and examining her, we were still unsure of the likely diagnosis but were keen to rule out malaria or dengue fever. We obtained a senior opinion from Dr Raymond and he took one look at the patient and asked us to take a more comprehensive history. At this point, I remembered that the patient had come to the clinic with her friend so I requested permission to speak to her. The friend revealed that it was the year anniversary of the murder of the patient's boyfriend, of which she was a witness to him being shot eight times. It was also revealed that the patient had attempted suicide soon after the incident. Upon questioning the patient in the knowledge of this new information, the patient broke down in tears and over the next 10-15 minutes began to calm down and resume a normal respiratory and heart rate, indicating a diagnosis of an acute panic attack/anxiety disorder. Dr Raymond was informed and he advised starting the patient on Fluoxetine with no specific follow up in the clinic or in the community. However, both myself and my colleague ensured she went home with a clear management plan in place, with her friend given instructions to be with her for the next 24-48 hours, medication advice and follow up in the clinic in a week's time.

Overall, I thoroughly enjoyed my placement at Clinica Esperanza and would highly recommend it to anyone who is keen to experience medicine in a tropical environment!