

ELECTIVE REPORT

Student's name and contact details: Peter Tomlinson (Mobile No: 07590842136)

Elective subject: Cardiology

Elective location: Monterrey, Mexico

Supervisor's name and contact details: Dr Jose Juan Zepeda silva

OBJECTIVES SET BY SCHOOL

Describe the pattern of disease/illness of interest in the population with which you have worked and discuss this in the context of global health.

Mexico has the highest prevalence of obesity in the world, having recently overtaken its neighbour, the United States. Furthermore, Mexico is a rapidly changing country and with the rapidly developing urban environments and westernisation, many of the diseases and conditions that we find in the UK, especially in East London, are highly prevalent in Mexico. Monterrey, where I stayed for the majority of my elective, is the most westernised and industrial city in Latin America, more so than the capital and even cities north of the border with the United States. This is reflected with the rapidly increasing amount of people with diabetes and cardiac disease in Mexico and therefore made the cardiology department one of the busiest departments in the hospitals. This is a common observation in countries undergoing industrialisation; in 1960 only 3.5% of the population were diabetic, whereas today the figure is closer to 25% and is the leading cause of death in the country. As well as this, Mexico still has to deal with diseases that mainly occur in developing nations such as infectious diseases, for example malaria, and malnutrition, as a third proportion of the population earns less than five dollars a day or live in remote, rural areas.

Describe the pattern of health provision in relation to the country in which you have worked and contrast this with other countries, or with the UK.

I spent the majority of my time on placement in a university run hospital and additionally observed outpatients care in the private sector. The hospital was equipped with all modern investigational techniques, was extremely hygienic and also placed a huge amount of importance on the teaching of the residents (registrars). They, along with other specialist residents, were not directly involved in the day to day management of the patients. This was left to the younger internal medicine doctors (SHOs) which then allowed the cardiology residents to build on their vast array of skills including managing cardiac emergencies themselves, daily outpatients clinics and performing angiographies, all of which could be undertaken without immediate on-site supervision. Mexico has four major healthcare systems; a large private sector, the free federal healthcare system, the ISSSTE which provides healthcare for public sector workers and the Mexican Social Security Institute (IMSS) that is given to employees of private companies and is additionally funded by the government. The majority of Mexican citizens are covered by IMSS and it is the largest social institution in Latin America. There are also public hospitals run by universities which also provide some specific tertiary care, free of charge, as well as the most other healthcare services. Overall I found the healthcare in Mexico to be of an extremely high standard; the fact that many Americans train in Mexico shows that it is a country that produces excellent doctors and healthcare professionals. Finally, Mexico achieved universal healthcare in 2012, thereby joining an elite list of countries, of which its bigger, richer neighbour, is not part of.

OBJECTIVES SET BY STUDENT

How will I overcome any language barrier, in relation to patients and to the healthcare professionals?

The *de facto* language spoken in Mexico is Spanish and one of my main reasons in deciding to undergo my elective in Mexico was to try and practice my Spanish language skills. Almost all doctors were able to converse in English which was useful for explaining any medical concepts as this would have been too complicated in Spanish. In addition to this, a lot of the teaching involved using research papers published in English which made understanding the Spanish that was being spoken much more easier. As the hospital was public, only a few patients could speak English and so this provided me with an opportunity to use my Spanish. As I saw the majority of patients in the outpatient clinics, I was always accompanied with a doctor who would take most of the history and I would examine them, as this requires a significantly less amount of Spanish speaking ability. In hindsight, with our final examinations were just before the elective period, I had hardly any time to prepare specifically for the elective, for example learning medical terms and how to correctly phrase the questions when taking a history. My advice therefore to students thinking of visiting Latin America or Spain would be to be completely prepared well before the revision period for finals begins.

What healthcare perceptions and knowledge do patients in Mexico have and how does this

differ from those in the UK?

The majority of patients that I saw had a much higher understanding of their conditions than those in the UK, and the doctors addressed the patients in this fashion. In addition to this, when asking a patient what medications they are taking, almost all could name the drug, its purpose and how many times a day it has to be taken. However, medications must be purchased in Mexico and so this may be a reason as to why the patients were so knowledgeable. Finally, all the patients I saw were extremely polite and grateful to their doctors although this might be explained by the fact that Hospital Universitario is a public, and therefore, free hospital. After speaking to the cardiology doctors and from my experience I can see that the situation is very different in a private hospital where patients expect the best, most up-to-date treatment methods.