

Elective Report

Describe the pattern of illness in the population of Roatán and the common conditions which present to the Clinica Esperanza. How does this compare to those in East London?

As in East London, the patients in Roatan presented to the clinic with a wide range of illnesses and conditions. Many came to Clinica Esperanza with symptoms such as a sore throat, headache, cough and runny nose, highly suggestive of a viral illness, a common presentation in GP practices in East London and around the UK.

Other patients, however, presented with conditions rarely seen in the UK. For example, one young patient presented with on-going abdominal pain with no nausea and vomiting, which the consultant thought likely to be a parasitic infection, which I have not seen during my time in East London.

Other patients came to the clinic having received a different level of care they would have had in the UK. One patient came to the clinic weeks after a car accident; at the time she had had X-rays taken of her injured wrist at the public hospital, but she had not been given further information regarding any fractures or any pain medications. The X-rays she brought with her to the clinic were of poor quality compared to those generally taken in the UK, but no fracture was visible and so appropriate analgesia was prescribed.

One classic presentation to the clinic was patients returning for repeat prescriptions. While each consultation at Clinica Esperanza cost the patient a fee of 70 Lempira (around £2.20 – which is waived if the patient could not afford it), prescribed medications were given out for free, and so some of patients came to Clinica Esperanza simply to refill of their medications, as it was cheaper to get them from the clinic rather than paying for them at a pharmacy.

How is healthcare organised and delivered in Roatán and how does this compare to the NHS in the UK?

The healthcare in Clinica Esperanza was organised and delivered similarly to that in a NHS GP practice; the patients would first be triaged and have their observations taken but then would sit in the waiting room until their turn, when they would go in and see a doctor. Depending on the condition and the severity, the

patient would usually then return to the waiting room until their medications had been prepared by the pharmacy.

The referrals system was also similar to in the NHS in that a doctor from the clinic would refer a patient with specific problems to a specialist on the mainland, however at this point healthcare could become quite expensive for the patient as there is no free healthcare system in Honduras. For example, one patient was informed she needed to see a cardiologist and was likely to need valve replacement surgery, which would cost her around \$10 000, a fee which she would not be able to afford.

There were two hospitals in Roatan; one public and one private. We visited the public hospital during our stay on the island; it was during 'Semana Santa', or 'Holy Week', and all staff were on holiday for the week. There were still some patients staying in the hospital, which was overcrowded with beds and did not appear clean – very different from any hospital I have seen in the UK. The nurse we visited the hospital with told us the shocking story of how there was only one obstetric ward, where mothers with newborn babies could be placed in a bed next to a patient who had recently miscarried; a reality which would be unthinkable in the UK.

What methods of healthcare promotion are used in Roatán and the rest of Honduras?

Health promotion in Clinica Esperanza was delivered largely through advice to the patients during consultations. A high proportion of patients coming into the clinic had hypertension (sometimes over 200/120mmHg) and/or diabetes, and these patients would be advised on the benefits of exercise, a healthy diet and not smoking. There were no leaflets or posters giving more information to the patients about the benefits of a healthy lifestyle, a contrast to most GP practices in the UK where the majority of patients are offered some kind of leaflet or website if they would like more information on a condition.

How was working in a healthcare setting where English was not the first language?

Of the local population on Roatan, 70% speak Spanish while 30% speak English. The nurses tried to organise the clinic so that the English-speaking patients would see myself or the other medical students who could not speak

Spanish, which was sufficient to keep a good patient turnover throughout the clinic on most days.

However, on some days the vast majority of patients happened to only speak Spanish, in which case we had to rely heavily on the volunteer translator or one of the other staff who was able to translate the consultation for us. If no-one was available to translate for us then, frustratingly, we could do little to help with the clinic.