

Elective Report

1) I was fortunate enough to be accepted into a hospital placement in the city of Iquitos in Peru. This city lies in the basin of the Amazon and immediately with the tropical climate it was clear that this would present a different pattern of disease and a population with a varied health profiles to that of the UK. On arrival to Iquitos we were in the midst of a severe problem with flooding which had been a problem since Nov of last year. It was clear that the flooding had caused a lot devastation to homes and infrastructure. I had the opportunity to experience a variety of placements from neurosurgery and pediatrics. The most interesting was my placement in the infectious diseases department where due to the rain floods being a major issue in Iquitos the rates of Malaria, Dengue and Leptospirosis were on a huge increase. Being an observer to management of such conditions was fascinating as I had never had to opportunity to see such conditions before. Additionally there were particular measures in place to prevent the spread of such diseases for example the use of mosquito nets on the hospital beds and the isolation of patients affected in separate wards.

2) The medical services available for the population of Iquitos hugely contrasted with that of the United Kingdom. Only one or two of the hospitals in Iquitos operated with governmental subsidisation on the cost of health care. Therefore those patients who required serious medical input but were not able to pay for it would have to travel large distances to get to such hospitals. This hugely affected the prognosis of patients in such predicaments. For example there was a patient on the general ward who had presented with a large skin tumour 30x20cm on the upper aspect of his thigh, whom on conversing with revealed that he did not present to medical services earlier when it was small as he could not afford it. Additionally he lived in a small village 200miles away from the hospital. It was only due to the severe pain of tumour growth and the systemic symptoms he was suffering that he decided to present to the hospital with a poorer prognosis and little that could be done for him. Generally most of the people of Iquitos had to pay for a monthly medical insurance that would pay for their treatment when in hospital or pay for their treatment up front. This is hugely different to that of the UK and fortunately does not discriminate those that suffer with poverty or that are not able to afford medical insurance. Additionally With such pressures of floods every year and the increase in prevalence of infectious diseases it was clear there was a substantial demand for appropriate screening and diagnosis for such conditions where in the UK there is not. Promotion of such diseases were prevalent throughout the hospital in the form of posters and leaflets.

3) Since I was given the opportunity to experience a series of medical professions I was fortunate enough to see a variety of disease and take an active role in a number of the cases. I began doing ward work in a neurosurgical ward and was fortunate to be able to speak some Spanish to communicate with patients and the interns around. I clerked and examined a series of patients with traumatic brain injury which was incredibly interesting. As I was the only medical student from London that could speak both English and some Spanish I was continually used as a translator and had to present patients to large groups of interns on the ward which was a huge

confidence boost. Additionally as mentioned above I observed a huge variety of infectious diseases which I had never previously had exposure to. Being able to see the clinical management and hospital prevention programs hugely developed my knowledge of such disease which I previously had very little of.

4) Overall my placement in Iquitos was hugely enjoyable and I feel I have come back with a large knowledge of infectious disease that I never had previously. Also I had the opportunity to work in various fields of medicine and was able to make some major decisions as to my future goals and career options on completing them. It was very easy to appreciate how fortunate we are in the UK to have well organized health education systems in place for example in the prevention of spread of disease. For example the idea that washing hand between patients to prevent disease spread was not a known idea. Additionally no sharps bins existed in the hospital. This was initially very difficult to grasp as in the UK this notion is instilled into us so early on in training. I would enjoy being part of a program in the future to help hospitals in poverty undertake such educational regimes to improve prevalence of disease in the long run.