

Elective Report- Medicine Abroad in Iquitos, Peru

My five week medical placement was carried out at Hospital Regional de Lorata, Iquitos, Peru under the supervision by Dr Salazar, a renowned neurologist in Peru and chief of surgery at Hospital Regional. I had the opportunity to spend quality time in many different medical specialties as well as spend time in surgery. The experience obtained during this time has been invaluable and one which I shall always remember throughout my medical career. Most importantly it has let me appreciate the National Health System provided in the U.K. that we sometimes take for granted.

Iquitos is situated at the mouth of the Amazon, at present there is heavy rainfall compared to other cities in Peru. This heavy rainfall has been ongoing since November 2011, which has resulted in 6-10 meters of flooding which has led to numerous presentations of tropical diseases. I had the opportunity to spend time on the infectious disease ward, where I noticed that the most common tropical disease that patients presented with was Leptospirosis, otherwise known as Weils Disease. This is a bacterial infection that is spread via contaminated water by animal urine, which comes into contact with broken skin. This infection is highly contagious. Due to the limited space and resources available these patients are placed in normal wards with other patients. The necessary precautions of putting on a gown, gloves and masks were not applicable here which could also be down to the fact of lack of resources.

Other diseases that are quite prevalent in Iquitos was Malaria. The most common strain noted was *M. Falciparum* but we saw a patient whom had two different types of strains: *M Vivax* and *M Falciparum*. This required more intensive treatment.

Another common disease which I got to understand was Dengue Fever. This is a viral disease spread via mosquitos. Unlike the other diseases, patients who have Dengue Fever are placed in less crowded wards with a ward only containing a maximum of 4 patients with precautionary mosquito nets placed around the bed. However, some patients do not seem to understand the severity of the disease so do not take any precautionary measures to prevent the spread. This makes me think to the level of care provided in the UK, and the extreme measures we go to prevent any possibility of the disease from spreading such as isolating the patient in a side room and ensuring necessary precautions are taken when entering their room. Even though this level of care is low to what we are used to, with the resources available the Peruvian health care is doing what is necessary.

As well as tropical diseases, on the neurological ward, I saw a lot of rare and unusual cases such as a patient presenting with a tumour that arose from the teeth known as Ameloblastoma. Another patient had an invasive tumour arising from his leg. One common thing that was noted in Iquitos is that a lot of the patients are reluctant to seek medical attention quickly; they firstly resort to alternative medicine such as herbal remedies then present to a doctor after. Usually they present quite late, which delays their treatment. Iquitos is a small city, therefore resources are quite limited. Patients who need echos, contrast CTs, intensive cancer treatment, specific surgeries are usually referred to larger cities such as Lima. But these referrals usually take 2 months therefore further delaying the patients treatment. Sometimes it may be more than 2 months if there is no availability of beds. All these measures compromise patient care, however this is how the health system in Iquitos is operated.

The health system in Iquitos is a lot different to that of the UK. For starters, the health care is not free and the locals are expected to purchase health insurance at a reasonable cost that will

cover them the basic health care. This may be suitable for patients that have an occupation, but many patients are from the Amazon jungles that do not have jobs are required to pay for the health care they receive. This leads them to seeking other medical therapies and eventually presenting late, or even refusing medical treatment and procedures if they are expensive. However the few that can afford it opt for private health insurance due to its efficiency of service and care provided. There is a big gap between the poor and the middle class, which is indicated by the outcomes of their treatment.

The fact there isn't a big discrepancy in healthcare in the UK makes me appreciate the service provided by the NHS despite its problems.

The lack of resources was evident when I spent time in Paediatric intensive care unit. I was shocked to learn that they only had two working ventilators. During my time here, those two ventilators were being used by critically ill children. In ICU, there was one consultant and two doctors. Due to the lack of staff, the consultant was running between patients trying to provide equal attention to both cases. In the UK, there would have been extra support when required. There was also no one available to comfort the parents which led us to comforting the mother whilst the doctors did all they could to help her child. Whilst we were there, there was a powercut, which led to the ventilators turning off, and the patients quickly having to be bag valved. I was surprised to learn that there was no back up generator, as you would expect there to be. As I mentioned above, with the limited resources available, the doctors are carrying out the best care that they can. Compared to what we know from the NHS, the quality of care may be poor, but in Iquitos it is of high standards.

I had the opportunity to spend time in Theatres with different consultants. It was interesting to notice how in such humid conditions how the surgeons cope as well as always willing to teach the students. In theatres everything was kept as sterile as possible. The gowns worn by the surgeons and draping sheets were made out of material and reused. This was a cost effective way even though the risk of spread of infection may be high, it was effective. Unlike the U.K, scrubs are not routinely provided in theatres and everyone has to bring their own set. I also noticed that the quality of the suturing was quite poor, which resulted in poor wound healing and terrible scarring.

Overall, I thoroughly enjoyed my elective and would recommend it to future students. Dr Salazar gave us the opportunity to observe a lot of different specialties in the time we spent with him. Even with the language barrier I still managed to communicate to some patients. A lot of the consultants and junior doctors were bilingual which enabled us to ask questions and get involved in ward rounds. I also got an understanding of the Peruvian health system. As well as expanding my knowledge on tropical diseases, I also saw patients with conditions that I see in the UK, such as thyrotoxicosis, angina, strokes, cellulitis. The five weeks I spent here has been unique with the opportunity to see a lot of interesting cases with interesting signs that I shall remember throughout my career and I hope to return to Iquitos at some point in the future.