

## Elective Report Clinica Paredes, Peru 2012



### My experience

In April and May of 2012 I was lucky enough to experience a medical placement in Peru, South America. I was based in a private hospital, Clinica Paredes, in the city of Cusco, south of Peru in the Andean mountains and close to the rainforest.

I had a good experience in Peru as my lead supervisor was great at getting me involved in a variety of things and anything I asked about. With this I was able to spend a few days in one of the state funded hospitals to get an idea of the differences between state and private funded hospitals in their medical systems, set up, funding, and the conditions seen. I also visited community hospitals based in rural areas a few hours by car from the main city. These two experiences were very different to the private hospital I was based in.

The private hospital was considerably better funded and set up than the state hospitals but in comparison to those of the UK it was by far poorer and very different to the state hospitals in the UK. Basic medical management is also very different as is the system available.

I spent most of my time on the placement in the emergency department of Clinica Paredes, the private hospital. This was a small hospital in the middle of a small city but had two theatres, some in-patient beds, an emergency room, a laboratory for blood and urine results, an imaging suite (although no MRI was available), and a pharmacy. It was a rather well set up small hospital.

Sitting in on consultations in the emergency room I saw how different the medical care available and plans of action were. Although they were based on the same theories as we use in the UK, it was evident how differently things were done, for example investigations requested were very limited and not necessarily chosen in the order we would do them in the UK, were we would be able to do as many as thought necessary no matter how big or small the investigation requested. In Cusco, the investigations were rarely more than a blood test or perhaps an X-ray. At the same time, in some cases I did not feel some of the tests were necessary when requested by the patient, but because the patient was funding them, the doctor was happy to do them anyway (At least the doctor I was with at the time). Although the investigations available in the UK are more thorough, I wondered if in Peru the doctors must be able to use the little information or poor imaging more thoroughly and perhaps in different aspects using different knowledge to rule out and diagnose conditions from the few resources they have in front of them, in a less technological manner to that we use in the UK and relying more on theory than perhaps we do in the UK as we rely more on technology and a wide range of test results. Obviously in the UK we have extensive tests available to rule out or diagnose and specialists to interpret the results and imaging.

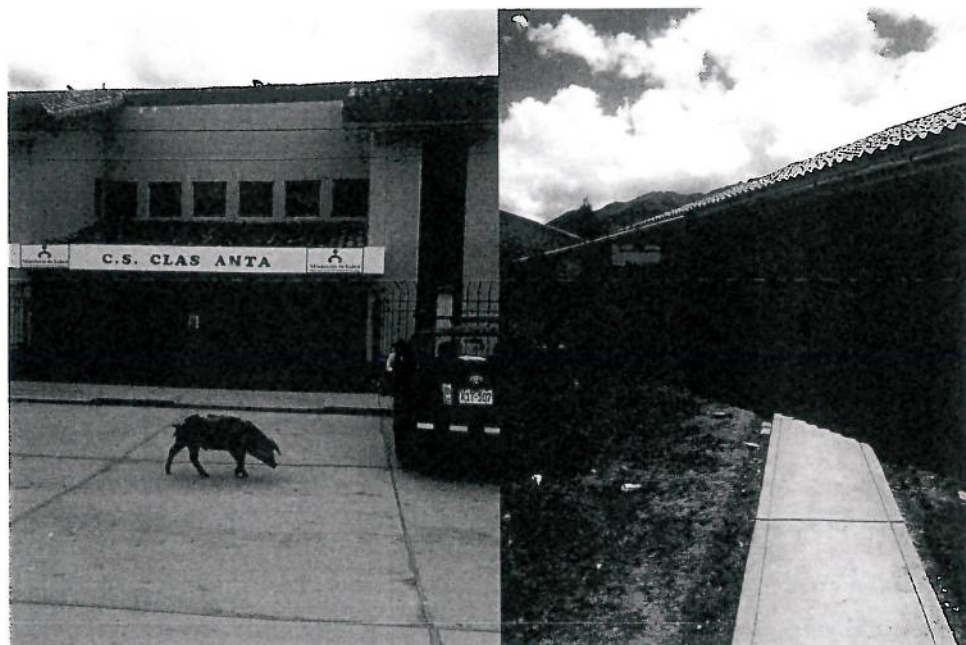
On the other hand, the clinical examinations performed in Cusco were, although revolving around the same principles, more basic when carried out, I felt that we in the UK, or perhaps only Barts Medical school were able to do very thorough and clinically relevant examinations.

### Peru and its' healthcare system

Peru is a large country of 1,285,216 km<sup>2</sup> <sup>(1)</sup> with a population of 29.5 million spread between coastal regions, Andean mountains and the Amazon rainforest. This alone makes Peru a difficult country to manage in infrastructure and resources.

The languages of Peru are Spanish and Quechua. The latter is the native language but is still largely used in some areas, particularly amongst the native Peruvians living in the rural areas, as I experienced. It is very different from Spanish, therefore acting as a barrier between patient and the doctors caring for them.

The healthcare system in Peru is one of the most lacking in South America with very little funding, few resources, poor management plans and insufficient medical infrastructure. Added to this is the size of the country and its' vast mountainous regions which leave parts of the country far from any health care. There are however very small hospitals, more like community GP practices in the UK, based in some rural towns. These sometimes consist of only one doctor to thousands of patients, depending on the size of the hospital, and some nurses. One of the rural hospitals I visited had a motorbike so that the doctor could visit the surrounding mountain regions, to reach the more derelict areas. (2)



The above pictures are of two different hospitals. The picture on the right shows some of the mountainous region that the area provides.

The healthcare system is run by two organisations: The Ministry of Health and a private company called 'ESSALUD' (ES health). The Ministry of Health heavily subsidise medical care in state hospitals for people without insurance, pregnant women and children. However, basic medical care is still ill affordable for a large part of the population in Peru who often live in the Andean mountains and rainforests where health care is too far, too expensive and illnesses often more grave. No health care is available free of charge and sadly 50% of the population lives in poverty.

ESSALUD provide care for those with health insurance, often provided in some work contracts and to those who can afford it. Amongst those who can, medical insurance is very popular.

Since 2002 'Seguro Integral de Salud' (SIS) was established to try to tackle the lack of healthcare to the poor. The aim was to offer free healthcare to all citizens, however, travel expenses and prescription costs still exist, hence leaving a section of the population still too poor to receive medical care. (3)

### **Common illnesses in Peru**

Diseases that commonly affect Peru are Dysentery, Cholera, Salmonella and other gastro-enteritis and Tuberculosis. Unfortunately the gastroenteritis often affects those in the Andes after heavy rainfall and flooding, who cannot reach medical care. Tropical diseases such as Yellow and Dengue fever, leishmaniasis see outbreaks often in Peru.

Peru has a high mortality rate in childbirth and infant deaths. The infant mortality rate is in fact the highest of South America. Sadly hygiene is not easy to come by, whether in homes, restaurants in the centre of town or rural areas, with little soap and water used to wash even in public or restaurant toilets, these diseases prevail. Although Peru is not the poorest country in South America, the hygiene, landscape and infrastructure added to the health care funding means many more deaths from infective causes occur that could easily be treated in a more developed country.

I really enjoyed my time in Peru working in the hospital, my supervisor was very helpful and willing to teach. I would go back for another great experience and recommend it to anyone who wants to see the medical system of a vastly different country, practice medicine in another language and see more than one type of medical care institution as well as a beautiful country.

### References

Wikipedia, *Peru*, 2012, Available at: [ <http://en.wikipedia.org/wiki/Peru> ]

How poverty affects health in Peru. *What is the Healthcare system in Peru?* 2010. [Available at: <http://peruhealth.wordpress.com/2010/04/14/what-is-the-health-care-system-in-peru/> ]

Future Years, *Healthcare in Peru- an Introduction* Year not available. [Available at: <http://www.futureyears.com/health/medical-tourism/peru/> ]

Pictures are my own