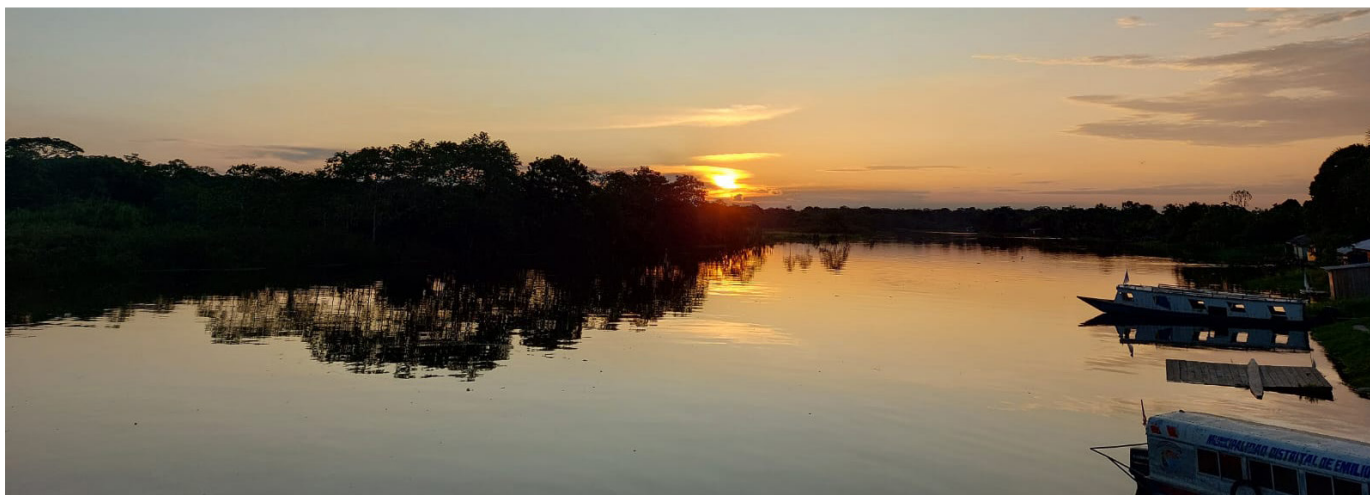


Emergency and rural medicine: from Argentina to Peru

Genevieve Lawrence

Year 5, Medicine, Cardiff University

Email: genevieve.elaine@outlook.com



My eight-week elective began in Peru with a volunteering expedition with the Vine Trust, an international development charity.¹ The Amazon Hope Medical Programme is one of its core projects, which since 2002 has provided a ship-based primary healthcare service to isolated communities in river basins in the Loreto region (**Figure 1**). For a fortnight, two other medical students and I worked alongside the ship's permanent Peruvian multidisciplinary team, closely collaborating with the medical lead, midwife, dentists, nurses and psychologists.



Figure 1. The Forth Hope moored outside a village in Loreto, Peru.

Each day I would wake to the ship powering up to navigate towards a new community, where we would often find a small crowd of people gathered to watch our arrival. The waiting room would soon fill with patients, who were triaged on arrival to direct them to the appropriate service, and clinic would begin. All the villages had something in common: how far away they were from a hospital. A

trip to access secondary care in the nearest city could take several days of travel, primarily by boat.

Before starting clinic in the mornings, it was fantastic to be able to disembark to explore the riverside villages enclosed by jungle. On these walks, we met the residents of the community, spotted birds and animals (who knew that vultures are everywhere in the Amazon?), and a rich variety of flora, from pineapple plants to cacao trees. This glimpse into where the people we attended to lived, the physically demanding work done by many, and the role of the river in daily life, helped us to better understand factors contributing to many medical conditions. A typical day was busy, with patients ranging from small infants to elderly adults. We would start seeing patients from just after nine o'clock and usually finish by mid-afternoon, occasionally visiting two communities in one day. Evenings were spent relaxing with the team or venturing into the villages to look for nocturnal wildlife, in the darkness alive with the buzzing and chirping of insects.

My colleagues from Cardiff and I worked as a team, with the lead doctor close by to provide advice where necessary (**Figure 2**). Consultations were entirely in Spanish, which was an invaluable opportunity to develop my medical vocabulary, which I had spent a little bit of time working on before the trip.

Taking histories and explaining diagnoses and treatments to patients, combined with interpreting for my peers, was a demanding but satisfying task.

However, you can volunteer even if you do not speak any Spanish at all: as stated on the Vine Trust's website, there is an interpreter on the ship, who doubles as a brilliant guide. He would normally be present throughout consultations to translate for volunteers, but

was satisfied that this was not necessary in our case. Furthermore, dental students, among other healthcare professions, are also able to volunteer; dentistry makes up a significant proportion of the ship's workload.



Figure 2. A floating medical clinic.

Patients presented with a variety of complaints, some of the most frequent being diarrhoea, blurred vision, headaches, cough, rashes and back pain. Often an entire family would pile into the room, with concerns relating to five different children being relayed all at once by a parent or grandparent. Multi-tasking and teamwork were necessary to ensure that each patient's problems were investigated and treated. One challenge was managing patient and parent expectations; mothers frequently asked for "vitamins" or an "injection" for their children. Children diagnosed with anaemia were prescribed ferrous sulphate, but we would need to explain that we could not offer the vitamins requested. The health perception of injections being the optimal type of treatment was prevalent, and one day an infant only several months old came to the ship with a large gluteal abscess thought to have originated from an intramuscular injection.

For me, the most memorable patient was a young woman who came in with stomach troubles, in whom we noticed several red flags. It was very rewarding to develop the rapport needed for her to disclose that she was experiencing domestic violence, and directly send her to the psychologist on the ship for psychological support and information on how to report her partner.

Emergency medicine in Argentina

After two weeks sailing along tributaries of the Amazon, I travelled to Buenos Aires for a month in the emergency department (ED) of a large teaching hospital. This was a very different experience; I spent most of my time shadowing the residents (junior doctors) as they clerked and reviewed patients. Rather than the doctors, nurses would do almost all the bloods and cannulas, which are normally daily tasks for medical students in the UK! My hands-on experience was thus limited to taking some histories, examining patients, and assisting the doctors with requesting investigations. It was interesting to see the challenges faced by our EDs, such as exit block and crowding, mirrored in this new setting. There were many differences in the healthcare system as a whole: I was based at a university hospital, somewhere in-between the public and private system. If a patient did not have a certain type of insurance, they could still receive urgent medical treatment, but for interventions such as surgery they would

need to attend a different hospital. In addition to variations in the choices of drug treatments, the cultural differences were remarkable; doctors would routinely greet patients with a fist bump! Coffee in break times was replaced with "mate", the national drink of Argentina drunk from a gourd and often shared among a group. Outside placement, I would spend hours exploring diverse neighbourhoods with impressive architecture, beautiful parks and busy markets. The Argentinian ritual of afternoon tea quickly became a daily habit, often involving medialunas (glazed, fresh-baked croissants).

Nights in "the city that never sleeps" would only truly begin close to midnight, with dance halls full of people dancing tango and salsa until dawn.

Elective planning advice

Start thinking about what you might like to do for your elective as early as you can!

It can take several months to organise a placement over email, and some projects only accept a few students at a time. It is a good idea to reach out to different places in case some do not respond. If you are interested in a particular specialty, then you may be able to find helpful contacts through national societies dedicated to the specialty; this was how I organised my hospital placement. Funding is also a key consideration; look for any bursaries that may be relevant to you or your proposed project. In addition to providing a list of bursaries you can apply for, your university may enable you to access the Turing Scheme, which can significantly help with the cost of such a long trip.

If you have never been to South America, and have thought about an elective there, I would highly recommend it! Argentina and Peru are two very different, beautiful countries with rich cultures, friendly people, and lots of great food. This is not to mention the stunning natural sights; while in Peru I had the once-in-a-lifetime experience of travelling to Machu Picchu. Likewise, the views from the Forth Hope were spectacular, and practicing medicine on the Amazon was a unique experience that I will remember for the rest of my career.



Figure 3. Sailing through the jungle.

Acknowledgements

I would like to thank the Vine Trust team for their support and enthusiasm both before and during the expedition, and the Division of Emergencies at Hospital de Clínicas José de San Martín for an excellent placement. If you have any questions or are interested in doing something similar, do not hesitate to get in touch.

Copyright This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view a copy of the license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/legalcode>. The copyright of all articles belongs to the author(s), and a citation should be made when any article is quoted, used or referred to in another work. All articles included in the INSPIRE Student Health Sciences Research Journal are written and reviewed by students, and the Editorial Board is composed of students. Thus, this journal has been created for educational purposes and all content is available for reuse by the authors in other formats, including peer-reviewed journals.

References

1. Vine Trust. 2022. Available from: <https://www.vinetrust.org/about/what-we-do> Accessed: 2 May 2022



Genevieve Lawrence

Genevieve Lawrence recently graduated from Cardiff University and is working as a Foundation Year 1 doctor in the South Thames deanery. She completed an intercalated BSc in Emergency, Prehospital and Immediate Care after the fourth year of medical school, after volunteering as a community first responder with the Welsh Ambulance Service. Genevieve's interests lie in acute medical specialties, including emergency medicine and intensive care medicine. She has presented her research on medication safety incidents in the emergency setting at national and international conferences and is keen to get involved in further research and teaching as a foundation doctor.