

## Elective Report at Clinica Esperanza, Roatan, Honduras

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The population of Roatan is strictly part of a lower economically developed country where the local population are not well off and cannot afford a healthy lifestyle. The diet is high in salt, fat and oil and sugary snacks are commonplace. With this in mind, it comes as no surprise that both type 2 diabetes and hypertension are very prevalent in Roatan. The majority of patients who presented at Clinica Esperanza had one or the other if not both conditions and the large majority did not have these conditions under control. Blood sugar measurements and blood pressure readings were very high and patients would only present with extreme symptoms since health promotion is rare and the seriousness of such conditions is not widely known due to poor education. This is very interesting because diabetes and hypertension are both very common conditions globally. And coming from the UK where there are so many guidelines, algorithms and vast health promotion in the media to reduce the prevalence of these conditions; it is strange to walk into a country where patients with these conditions aren't concerned by them but usually presented to the clinic for a completely unrelated, less pressing matter.

Since sanitation in Roatan is not the best and tap water as a whole should not be drunk in Central America, the prevalence of patients with parasites is very common as well. For this reason, the drug, Albendazole is commonly prescribed to the local population. This was also very interesting to witness because this isn't so common in London where we study, and when looking it up whilst on the placement in the BNF, it was unlicensed and can only be ordered by special delivery in the UK. H.pylori is also a common diagnosis in Roatan and is treated using a triple therapy identical to what we are used to.

As a whole, I was surprised at the lack of tropical medicine at the clinic, considering it was a tropical island and we expected to see a lot of that. Of course there were a few cases, but general medical problems which we see in the UK seemed to be the commonest presentations. I expected Malaria to be a frequent presentation but we only saw one or two patients presenting with it in the whole placement.

The management was mainly dependent on the history and examination since blood tests and other common investigations which are readily available in the UK are too expensive in Roatan and not easily available. Therefore a lot of the diagnoses and eventual treatment is empirical and trial and error which was rather surprising.

The administration of medication in Roatan is also very different to that in London. Where drugs are given in zipper bags instead of blister packets, and there are no accompanying leaflets or instructions and side effects aren't explained. Educating patients about their management is not a priority in Roatan so we took it upon ourselves to teach our patients about their conditions and management which was greatly appreciated by the patients. But at the same time, it sacrificed the time available to us per consultation and it was a very busy clinic so it was important to find a fine balance.

The island of Roatan has 2 charity run community clinics (one of which is Clinica Esperanza) and one public hospital. The clinics tend to the majority of patients whilst the public hospital has a bad reputation of poor healthcare, sanitation and little safety due to treating a large number of the gang and criminal population. Therefore the introduction of Clinica Esperanza was greatly appreciated by the local population for its safety and better healthcare. The clinic is entirely funded by donations from volunteers and that allowed for free prescriptions and free healthcare for the population who

cannot afford healthcare otherwise. This is a brilliant system and mimics our own NHS and is seen as revolutionary amongst the local population.

What was especially interesting to see was the variety of healthcare provided. There were two main physicians: one was a family doctor and the other was a paediatrician. There were also dentists, nurses, pharmacists and many other healthcare professionals and volunteers with a variety of credentials. The clinic was very versatile and since there was no luxury of referrals to specialists, the staff pooled knowledge together to tackle any ailment that presented and the patients were more than satisfied with the care provided.

The local dialect was Spanish, which is a language I don't speak. This was a huge hurdle when starting the placement due to the limited English that is spoken in the country. However, this is a problem that is also commonly experienced in the UK, especially Whitechapel. This was a great opportunity to use the help of an interpreter properly. At the beginning it was very much a 3 way conversation where I would ask the interpreter and she would ask the patient the question and the answer would be relayed back. By the end of the placement the conversations became more efficient where I was talking directly to the patient and the interpreter would speak in the background, allowing me to build a better rapport with the patient. This was a very good experience and will certainly help me in my future career.

Whilst on this placement, it was a personal goal of mine to practice my clinical skills and improve them. Since the placement was immediately after finals, it was theoretically when we had the most knowledge in our medical careers thus far. It was a great opportunity to showcase what we had learnt and build upon that knowledge and find gaps in our knowledge and weak points. I had appreciated before coming on elective that I have a great interest in surgery and had been previously told that I thought too much like a surgeon. It was a personal goal to therefore improve my knowledge of general medicine and focus on treating the patient instead of managing the condition. After constant practice and having colleagues critiquing me, I felt I could pinpoint my shortcomings and work on them so I could start FY1 as a better doctor. I feel that the placement was very beneficial in improving my clinical skills and sharpening my medical knowledge and I certainly feel more confident.

I feel like although the setting was so different to what I am used back in the UK, a great deal of what I learnt was transferrable to my career as a doctor, purely because the clinic had such a Western and modern vibe to it. The style of healthcare although slightly primitive at times, largely followed similar credos and guidelines which certainly helped me mature as a medical student and transition into a doctor.