

TRAVEL EVOLVA AWARD LYDIA STRATFORD



Reports from Peru

When I began my journey as a nervous and painfully enthusiastic first year medical student, I heard older students talking excitedly about a 'placement abroad' at the start of the final year.

Four years later, I found myself still nervous and enthusiastic yet now also excited as I began to plan my own placement in Peru.

I decided to explore the impact of culture and social factors such as income, occupation and living conditions on health. The charity I chose to work with was Maximo Nivel, which supplies much-needed equipment funded by volunteers' donations as well as supporting the workload.

Peru is a country which is home to many contrasting environments and has communities rich in culture; from indigenous Amazonian tribes to traditional mountain villages and modern, bustling cities such as the capital, Lima. My first two weeks were spent in a tiny clinic nestled in the Andes Mountain range and my second two weeks were in Iquitos - a town deep in the Amazon jungle, in Northern Peru and accessible only by boat or plane.

During our first two weeks in the tiny village of Chinchero, we arrived at our mountain clinic after an hour-long commute in a minibus built for six passengers, but efficiently packed with 12. We were welcomed with a mix of curiosity and suspicion as many of the patients had never met young British women before. We were soon put to work taking

blood pressure and doing the initial tests that every patient required before they could be seen by a doctor. There were only two doctors dealing with endless patients, one of whom was an obstetrician (pregnancy and childbirth doctor) while the other managed everything else. The majority of our tasks at the clinic were practical, such as giving injections, cleaning wounds and examining patients. We helped to examine pregnant women and assess how their pregnancies were progressing. There was some difficulty with communication as the villagers spoke the ancient Incan language of Quechua which we soon discovered is very different from our GCSE Spanish.

The clinic was like nothing I'd ever experienced before. There was a constant stream of people, all dressed in traditional countryside Peruvian outfits - the woman wore approximately four skirts, making giving injections into their well-hidden buttocks a little challenging!

One of the most poignant examples of the interplay between lifestyle and health was the case of an elderly lady, brought to us in a blanket in the boot of a car. We carried her into the little clinic room and it transpired that she had broken her hip and dislocated her knee a week ago and had since been unable to move from her bed, so had consequently developed very serious wounds on her back where the skin had broken down from the constant pressure. We cleaned her wounds with the limited resources available and explained to the family that she needed to go to hospital. However, the family refused to take her as they could not afford to take

any time off their farming work nor could they afford transport or accommodation to accompany their elderly mother. She was given pain relief and I helped to redress her wounds multiple times during the time that I was there.

After a breath-taking fortnight in the mountains, we boarded a plane and flew into the Amazon. We stepped off into a wall of sweltering heat and near 100% humidity, and were rushed into the jungle town on a 'mototaxi' (a motorbike with extra passenger seats on the back).

The majority of our time on placement was in the Hospital Regional de Loreto, which on first impressions was hot, sticky and chaotic. We were based on the infectious diseases ward which was fascinating as we learned about malaria, dengue fever, schistosomiasis and many other jungle infections.

During my time on the ward, I was struck by just how unwell all of the patients were. The local people do not go to hospital until they feel the situation is hopeless, meaning that many of the patients were sadly beyond help. In contrast to hospitals in the UK where the majority of patients have plans in place for their treatment and recovery, during the ward round in Iquitos the summary from the consultant was frequently, "He/she will sadly pass away very soon."

It was sad that many of the conditions from which patients were dying were treatable and preventable, if only the knowledge and resources were more widely available and accepted.

A contributing factor to people hesitating to attend hospital in the region is a lack of acceptance of modern medicine and the continuing reliance on traditional and herbal medicine, sourced from the surrounding rainforest.

We were less involved in practical procedures in the hospital as almost all of the patients on our ward had late stage TB or HIV which made handling blood products and equipment high risk. During our stay in the jungle we had some unforgettable off-duty experiences. I swam in the Amazon River alongside rare pink dolphins and woke up one night to find the entire hut shaking wildly - we discovered in the morning that the area had been struck by a magnitude 8 earthquake!

When travelling around the country, my most striking observation was how varied the landscapes are - everything from dense rainforest, extensive barren desert, scenic coastlines, bustling shanty towns and intimidating volcanoes. This reinforced for me the different challenges faced by healthcare here: how can one system be expected to work when each area has such contrasting beliefs, environments and health problems?

It is with huge gratitude that I conclude that this really was an experience of a lifetime, packed with many unforgettable, challenging yet rewarding experiences that would not have been possible without the support of the Evolva Fund and the OH Club.