TEACHING MEDICINE IN PERU, REVISITED *by Ann Gerhardt, MD*

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Healthy Choices for Mind and Body

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A 63 year-old woman who looks 80 comes to the hospital for a broken arm. Unfortunately it broke because tumor dissolved a large section of the bone. The chest xray shows the probable cancer's primary location – Her left lung is largely replaced by scarring and pockets of fluid. The symptoms of cough, shortness of breath and fever weren't enough to propel her to a doctor earlier.

Private doctors are expensive, the clinics are packed and too many people avoid the medical system. In spite of Social Security's Es Salud health system, which covers employees, retirees and their families, a huge number of Peruvians have no health insurance. Many die undocumented deaths at home.

A lot has changed since I last taught medicine in Peru in 2007. Unfortunately, patients like this one haven't. AIDS and infectious disease are huge problems. Delayed or inadequate out-patient care is all too prevalent. The good news is that the top medical doctors at Hospital Almenara are excellent infectious disease experts.

Now the good news: Drugs are cheap. My friend Ricardo told me that they never see vitamin A deficiency, the world's leading cause of childhood blindness, because everyone takes dirt-cheap vitamins (the other reason may be that hundreds of varieties of fruits are available, even to the very poor). Because most patents aren't protected and each brand name U.S. drug has multiple knock-offs, most medications are inexpensive.

Many more patients are being fed through tubes into the stomach or small bowel. In the U.S. it seems harder to get doctors to push for and patients to accept tube feeding to correct and prevent malnutrition, even though it is far healthier than IV feeding. Peruvian doctors seem to be ahead of the curve in this regard and their patients argue less with doctor recommendations, so feeding by tube happens. It's just a shame that so many patients are severely malnourished on arrival at hospital.

Last year I saw many patients with stable disease who were waiting for tests and results. This year I had the impression of very sick patients being managed more quickly and aggressively. CT scans now take days, not weeks, and in some cases the laboratory reports results in hours, not days.

It's still Peru, though, and who you know can make a difference. We had been waiting for days for a follow-up CT scan on a very sick man with AIDS and dead tissue in his liver and abdominal lymph nodes. The medicines for a presumptive diagnosis of TB didn't seem to be working and his liver was failing. I mentioned the CT problem to the frantic family who intercepted me in the hall. His wife, who knows the head of the CT department, ran off to make it happen. He died that night.

Post-hospital care is a problem. Care facilities exist but no insurance pays for them. We had a number of patients whose families just couldn't manage: The unresponsive lady with two brain hemorrhages; the 85 year old man crippled by Parkinson's disease, severely scarred lungs and back pain; the emaciated 77 year old whose cardiac surgeons refuse to replace a heart valve until he's well nourished – All need comprehensive out-patient care and feeding. Without a family competent and willing to provide the care or rich enough to pay for it, the patient stays in the hospital or dies outside of it.

This year's teaching for two weeks at one hospital went SO much better than last year's format of two one-week visits to different hospitals. Last year, my first week at Hospital Rebaglioti conditioned me to expect wary doctors who wanted to prove their competence. They didn't seem to know what to do with me, so I had free time to explore Lima. When I switched to Hospital Almenara, Rebaglioti's conditioning made me timid about integrating into Almenara's system. I gave lectures, but wasn't sure how much impact I really had.

This year, my two weeks at Almenara gave me time to teach one set of doctors much more and actually apply some of the information to real patients. Those doctors will pass on the information to residents and students.

I gave a lecture almost every day, then saw patients with the team. My Spanish rapidly improved, as I often listened to case presentations without a translator. Each day, having to give a lecture, listen and respond in Spanish and continually try to be smart was enough to exhaust my poor brain. A 6 hour work day left me prostrate in my hotel . . . At least until I could recover sufficiently for a racewalk around 'the Golf' and to dine on *excellent* Peruvian cuisine.

As a daily presence on the ward, I interacted more with patients and their families. Upon hearing my English, they eagerly sought my opinion, assuming the U.S. doctor could solve their problems. Most times I could only reassure

them that their doctors were already doing everything possible within the constraints of their hospital system.

Occasionally I disagreed with the senior doctor about a plan of care. Usually they listened and adjusted course. Sometimes I lost the debate, usually because my course of action involved pressuring a consulting specialist into action. Consultants seem to descend on a patient, make a pronouncement and disappear forever, without much action. The separation of patients into wards based on their primary disease isolates general medicine doctors from specialists and surgeons. It's too easy for consultants to avoid follow-up, since their ward is in another part of the huge hospital.

Three of my lectures focused on individualizing nutrition prescriptions for patients with special needs. Unfortunately specialized nutrition formulae are only available through the Nutrition Service, which is separate from the Medicine Service. At least that was what I was told. I was also told that I shouldn't believe anything in Peru unless three independent sources corroborate it.

At least three doctors have asked me to return next year. I hope that Health Volunteers Overseas, my sponsoring organization, approves.

Many thanks to those who supported Peruvian medical education with donations to Health Volunteers Overseas!