An International Medical Experience

Marc Pollack, MD PhD FAAEM

Venturing outside the familiar, yet dysfunctional, U.S. health care system is an enlightening experience that all U.S. providers should consider. Health care is provided in a myriad of ways throughout the world depending on local customs, values and, most importantly, the financial commitment of the society. There exist wide disparities in access to health care services both within and between countries.

The objective of this article is to describe an international medical experience in rural Honduras and the benefits of this experience to U.S. health care providers.

The York Hospital Emergency Department participates in a one week, once or twice yearly, medical excursion to the Santa Barbara area of Honduras. Santa Barbara is a very mountainous rural, interior region of Honduras. It is also one of the largest coffee growing regions in Honduras. The medical team consists of 6-10 physicians, nurses and non-medical persons. We travel each day to a different remote village that has been determined to have medical care needs. We utilize various modes of travel to the villages that include four-wheel drive vehicles, horseback and hiking. The village populations are 100-200 people without established medical care facilities. The villagers would not seek medical care at the regional hospital unless they were critically ill. We bring along a limited pharmacy consisting of mostly donated medications, that are carried in our backpacks or by horseback. Translators assist us with interviewing and instructions. Since most of the villagers are unable to read or write, verbal communication is of utmost importance. Upon arrival in the village, we set up a medical clinic in a school, under a tarp, or under trees on a river bank. We evaluate all who seek medical attention. There is no charting.

We have no availability of diagnostic tests and no IV availability. Patient evaluation is limited to history and physical examination. Virtually none of the villagers are on chronic medications, and none have a significant past medical history. Treatment is limited to our pharmacy and our creativity. Patients can be sent to the regional hospital in Santa Barbara where the ED is literally “an emergency room” staffed by a newly graduated physician. The hospital care depends on the financial resources of the patient, and much of the bedside care is provided by the family. There are chronic shortages of supplies. Some patients are sent to the hospital, and we can arrange for some patients to get medical care in the U.S.

At first this seemed frightening, utilizing only history and physical examination to make a diagnosis. I am 30 years out of medical school and can remember a time when the history and physical examination provided the most important, and frequently, the only data in making a diagnosis. I have, of course, become dependent on easy access to CT scans, rapid lab testing and the availability of a myriad of treatment options. The week before I left, I reviewed my old physical exam textbook. There was no reference to the sensitivity or specificity or predictive values of the various physical findings.

After the first morning of seeing patients, I felt liberated. No electronic medical record, no laundry list of past medical problems, chronic medications, allergies, social problems, ungratefulness of patients and families and “defensive” medical practice. There certainly were different treatment options that required getting accustomed to. The febrile neonate did not get the “full work-up,” but was treated with antibiotics for the most likely serious infection. The anginal patient did not get a heart catheterization, but was instructed to take one aspirin per day and rest immediately if the chest pain returned. The dehydrated patient did not get IV fluids, but was patiently rehydrated with oral fluids. I spent virtually all of my time with the patients.

We did have teamwork. We discussed the patients and their diagnostic and treatment possibilities. At the end of the day we were tired. Physically tired. We had a great family style dinner and talked and laughed before going to bed. I slept soundly, despite the roosters and heat. Prior to this, in my real life, I would come home exhausted, mentally and emotionally, and often slept poorly.

We went to a different village each day. We were up at sunrise and in bed by sunset. After a week, I felt great. I was physically challenged, experienced a slice of the world that one rarely sees, and felt truly appreciated by the patients.

As I enter my 30th year of being a physician, I reflect on the current joys and stressors on being an emergency physician in the U.S. With each year of practice, I accepted the small intrusions into my time with the patient for “the greater good.” I now reflect back on the sum of all these intrusions. I spend time documenting in front of a computer, utilizing incredible diagnostic technology, and trying to incorporate evidenced-based medicine into my medical decision making on a regular basis. All of this occurs at the expense of spending time with the patient. It is not exactly what I expected when I decided to become a physician many years ago. My experience in rural Honduras is more closely aligned to my expectations.

continued on page 15

An International Medical Experience - continued from page 6

After my experience in Honduras, I returned to the busy high-tech emergency department with a tiny twinkle in my eye, remembering the real joys of medicine. When I can, I spend that extra moment talking to the patients and families about things that are "off the computer template."

Before I left for my international experience, I thought I was being the altruistic American doctor and would be helping the poor of Honduras. That did happen, but what I really returned with was a re-framing of my place in the global house of medicine. After we turn off all the computers and scanners, it is about the communication that occurs between you and the patient. That is what the patient really wants. If you wonder about what you are doing at work, consider an international experience. You might return with a sparkle in your eye and a skip in your step.