

# TEACHING MEDICINE AS A HEALTH VOLUNTEER PERU

by Ann Gerhardt, MD  
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I taught medicine for two weeks in Lima, Peru, one week at Hospital Rebaglioti and one at Hospital Almenara. I went alone, under the auspices of Health Volunteers Overseas and was hosted in Peru by EsSalud, the social security/health insurance administration. I presented formal lectures to physicians, residents and students about metabolic syndrome, nutrition support, diabetes, heart failure and transplant medicine, including cutting-edge concepts and late-breaking results. It was a pleasure to work with intelligent, diligent and caring physicians, who expected me to impart an advanced level of medical information.

**The doctors recognize that they need more information about these topics because, with Peru's rising prevalence of obesity, they will be seeing more metabolic and circulatory disease.** Their medical education is comprehensive (seven years of medical school, rather than our system of four years of undergraduate and four years for medical school) and they have the same access to information that any practicing doctor has in the U.S. With limited resources and immediate concerns of infection, cancer and organ failure, they haven't focused much on metabolic disorders.

They do know infectious disease – U.S. infectious disease specialists have gone to Peru to further their training. I saw patients with very unusual presentations of tuberculosis that I had never seen before. **I haven't seen so many very sick people on a non-intensive care ward since my Internship training in a VA hospital in 1979.** Various agencies expend a huge effort to document and prevent infectious diseases, including tuberculosis, measles, tetanus, malaria, leprosy, rabies, plague, HIV, leishmaniasis, dengue fever and syphilis, but they still show up, particularly in the tropics.

Rebaglioti and Almenara are the top two hospitals of the Social Security system, called EsSalud, which organizes services by level of complexity. Other EsSalud hospitals specialize (as in geriatrics or obstetrics) or provide general medical care for minimally complex disease. Patients who need a high level of care are transferred to Rebaglioti or Almenara. At 1000 and 850 beds, respectively, they are huge but full to overflowing and unable to admit all the patients who need high-level service.

With all the publicly insured sick Peruvians funneled to these two hospitals, the ER's are packed and the severity

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of illness of those who actually get admitted **to beds is extreme. Most simple pneumonia, chest pain, cellulitis, and other one-system-disease patients are treated in the ER for days, if necessary, and discharged from there.** Rebaglioti has a 100-bed ER, unless more beds are added along the walls and down the middle of the halls. It seems like a triage area after a mega-natural disaster ... every day.

Each day I was picked up from the hotel at 7:30 AM. A great deal of faith went into this process, since the entire first week I wasn't told how I would get to the hospital or when or how I would return to the hotel. I gave at least one talk a day, always starting on Peruvian time (20 minutes late), and participated in case discussions on rounds. These were not their working rounds, so they took extra time to show me patients. At times I had nothing to offer – the only option was to wait for a pending test result, while other times I think I provided diagnostic and therapeutic options that helped. Once I was shown a man who was clearly in the throws of dying – he needed an intensive care unit quickly, but I couldn't go nuts with urgency, because I knew a rapid transfer and immediate dialysis were not options.

**At both hospitals the patient-oriented discussions increased as the week passed, probably as the doctors figured out how best to use me.** We often found our approaches to be very different, and learned from each other. Rebaglioti and Almenara doctors deal with complex medical problems with limited access to diagnostic tests. Almost all types of tests are available, they just take more time. The patients patiently wait and the doctors try to keep them stable until results arrive. An MRI or CT takes 5-7 days to complete from the time of the order. A private company that operates a mobile MRI and does the scheduling.

**Change and new technology come slowly, having to surmount layers of bureaucrats, few of whom are trained hospital administrators.** Almenara's top administrator is a neurosurgeon, so now Almenara has its own MRI. Without his push for the machine, the hospital would still be contracting out for MRI services.

EsSalud doctors treat very sick patients, work hard and are paid for 6 hours work per day (150 hours a month). There are only two nurses per ward. The doctors take vital signs and do wound cleaning and dressing changes. With no computerized order entry, they have to re-write all medication orders every day.

The doctors leave at 2PM, often for second jobs. I got rather hungry each day because they don't seem to eat lunch until the end of their shift, so I learned to eat a huge breakfast to carry me through. Dr Cassinelli would take me to get some food if I complained of hunger, but she was clearly being nice and accommodating my 'special' needs. Dr Illescas fed me enough food on my last day at Almenara to make up for the previous week.

I sat a fair amount of time, waiting – for them to decide what to do with me next, for a computer and projector to give a talk, for someone to find me toilet paper so I could go to the bathroom or for people to arrive for a talk. I used the time to listen to the medical students' lessons or work on my Spanish. I spent my evenings revising my presentations to suit the types of patients they see and the drugs they have available, and to make the slides easier for a non-English speaking audience to understand.

**Theft is a major problem.** Using the rest room necessitates locating the door key, toilet paper and soap, all of which are returned to their hiding place when finished. It has to be this way – otherwise the hospital would go broke, replacing stolen soap and toilet paper. Almenara hospital, situated in a very poor area of town, has an exceptional problem with theft. Visitors and people posing as relatives steal not only soap, but also bedding, hospital gowns and even the sink drain pipes. Family must obtain written permission from doctors to visit their ill relative, and guards at each ward entrance check to make sure that only authorized individuals enter. I left the hospital one day, alone, not wearing my white coat and carrying a backpack: The gate guard searched the pack for stolen goods.

**It seems insane that facilities proficient in treating infectious disease would not have soap or alcohol readily available for hand washing to prevent infection spread.** They don't, though - To leave soap unattended is to offer it to someone to steal. In spite of hidden soap supplies, the hospitals are very clean. Legions of diminutive janitors, covered from head to toe in protective clothing, keep the facilities spotless. They have soap.

Built over 40 years ago, both hospitals have the spartan look of our state institutional hospitals of the 1950's. Though lacking in esthetics, they provide the necessities

of competent healthcare. Though amenity updates stagnate, the hospital paint scheme changes when the Peruvian government does. The last administration wanted the hospitals painted with orange trim. Now everything is blue. An outlying "new" hospital that serves mostly geriatric and obstetric patients, looks like a large swatch of swimming pool-blue on a brown desert canvas.