

Medicine in the Mountains:

An Elective in a Rural Primary Care Centre in the Andes

During the Summer 2022, I spent my elective in a clinic in Quisuar, a rural Peruvian village 3130m above sea level. The clinic was set up by the Light Education Development (LED) charity and provides primary care for local villages. Like GPs in the UK, the clinic provides basic treatment and invaluable health education. The clinic is essential for the local communities as the nearest hospital is 2hrs away by car, and many locals don't have the money to pay for the journey let alone the hospital fees. During my time in Quisuar, I helped run the clinic alongside a fellow student, local nurse and translator. We also had a local supervising doctor. After my time in this rural community, I spent 1-week in a large hospital in Huaraz, Peru. It was a huge privilege to be welcomed into the community and experience their way of life. This report summarises the experience, what I learnt and how it will influence my future clinical practice.

The Clinic



The health post had 4 rooms: a waiting room, a consultation room, an examination room (which doubled-up as our bedroom) and a kitchen. The consultation room had shelves packed with basic medications and equipment, as well as copies of the BNF and oxford handbook.

The clinic ran Monday-Friday 8.30am-5pm, however patients could come outside of these hours in an emergency. There were no set appointments and people were seen on a first-come-first-served basis. We also completed home visits to check on elderly members of

the community. Each day, we would see up to 15 patients. With the help of our translator and the local nurse, we conducted our consultations; for each patient we took a history, conducted an examination/simple investigations, derived a differential diagnosis and supplied simple treatment or referred them to the local hospital. We saw patients with a wide range of acute and chronic problems. Some common conditions we saw included:

- Osteoarthritis
- Gastritis
- Threadworm
- STIs

During our first few days, it became apparent there was lack of education about the importance oral hygiene, hand hygiene and hydration. Due to this, we took every appointment as an opportunity to educate patients.

In the afternoons, we held English lessons for local children. It was very rewarding to see their English ability improve. We also taught them the importance of brushing teeth and hand hygiene in the hope that they would take the knowledge back to their families!

Most Memorable Case

The most memorable patient I saw arrived late in the evening during our first week at the clinic. We were eating our evening meal when a woman ran in cradling her 3-year-old son. Her son had knocked over a boiling pot of water and had sustained severe burns over a large area of his body. We had very limited resources to deal with such a severe injury and the nearest health centre was over 1 hour away. Using the equipment available, we dressed as many of the burns as we could and wrapped up the child to keep him warm. Meanwhile, our colleagues at the health post tried to find someone in the village to take him to the health centre; the best transport we could find was a motorbike. This experience was incredibly formative both clinically and personally. It was the first time I have had to quite literally “think on my feet” to treat a patient, with limited resources. I had to stay calm to help the child and reassure the mother. After the event, although very shaken, I felt proud of how we dealt with the emergency and came together as a team. This case taught me to importance of composure and teamwork when dealing with unexpected events, skills I hope to carry forward in my future career.

The Community



It took 2 days to get to the village from the nearest city. On the first day, we took a 6-hour minibus up through the Andes and camped on a mountain side. The next morning, we hiked for 5-hours to get to the village. Our arrival was greeted with a huge celebration. Due to COVID, it had been 2 years since external medical help was sent to the village so they were overjoyed to meet us; all the local people gathered at the village primary school for traditional dancing, food and drinks to celebrate. Although I was exhausted from the hike, I got fully involved with the celebrations, taking part in the singing and tradition of offering drinks to Pachamama (mother earth, a goddess of Incan mythology). The next day we opened the clinic at the health post.

The kindness and warmth of the community carried on throughout our time in the village. During consultations, many locals gave us eggs and vegetables as gifts. They often welcomed us into their homes and introduced us to their family, pets, and livestock. One man showed us his impressive fish farm, which he'd spent several years developing. They really appreciated our help, and we cherished their hospitality. I learnt a lot by living as part of this community, particularly the value of an interconnected community in maintaining a healthy ageing population. With no public pension system, the elders of the community are supported by the community. Families help each other, sharing food provisions and caring responsibility so no one is left isolated and alone.

It was also incredibly interesting to experience Andean culture. The women wore traditional dress and farmed with traditional techniques. I also got the opportunity to try local cuisine, including guinea pig.

Conclusion



My elective in Peru was truly amazing. I learnt a huge amount about community medicine and how to best allocate limited resources, and my conversational Spanish has improved enormously. I would like to thank the Society of Apothecaries for their generous funding, LED for allowing me to join the team, and the community of Quisuar, Peru.

!Muchas Gracias!