

Expedition Fund 2016/17 Report

This summer, I participated in a medical and public health brigade to Honduras which involved facilitating the provision of free healthcare to rural communities as well as building a latrine in the home of a Honduran family. Other volunteers were also involved in building eco-stoves. During my time in Honduras, I participated in clinics organised by the charity Global Brigades and was able to assist by triaging patients, sorting medications in the pharmacy, and leading a children's charla about oral hygiene as well as observing during consultations with doctors and dental procedures. I felt that the clinics ran smoothly and were made more efficient by having student volunteers take over tasks such as medication sorting and taking blood pressure readings so that the doctors, dentists, and pharmacists had more time to ensure that all patients received the care and treatment that they needed. During the public health portion of the brigade, I worked with other volunteers as well as local craftsmen to build a latrine and wash station for a family which involved carrying bricks, mixing cement, and building the walls of the structure. I felt that having the same volunteers working with one family and team of craftsmen over multiple days worked well as the atmosphere felt a little awkward initially, perhaps due to this being the first time that the charity had worked with this particular community, but by the end of the project, everyone felt a lot more comfortable around each other.

All of the rural communities that we visited were very isolated and it was clear that, without the Global Brigades clinics, it would be almost impossible for many of the local people to access any form of healthcare. In addition, almost all of the patients that we saw were unable to afford the medications that they needed, especially those who required treatment for chronic conditions such as hypertension or diabetes. This project allowed patients to receive the treatment that they needed free of charge and the fact that these clinics are held every few months will hopefully lead to long term improvement in the health of these rural populations. In addition, teaching children about the importance of brushing their teeth and the proper technique will hopefully reduce the need for tooth extractions as poor dental hygiene was a huge problem in the communities we visited and it seemed that people often had hardly any teeth left by the time they reached the age of 40. Finally, building latrines and eco-stoves will help to reduce the prevalence of disease by improving sanitation and reducing illnesses caused by exposure to the smoke produced by traditional stoves used in these areas.

This experience allowed me to gain more of an appreciation for the state of healthcare in Honduras compared to what I am used to seeing as a medical student in the UK. I was able to imagine how difficult it must be not to have access to medical care or treatment and how obstacles such as the cost of medications and having to travel great distances to be seen by a doctor mean that so many people are living with untreated chronic conditions. In addition, I began to understand how issues such as poor water sanitation and lack of education about things we might take for granted such as brushing your teeth can act as barriers to improving the health of a population. For example, the patients that we saw are prescribed anthelmintics

extremely regularly due to drinking contaminated water, meaning that the consequences of lack of access to clean water are being dealt with rather than the government addressing the problem itself. I imagined that this could be quite frustrating for medical professionals working with these types of communities as they might feel powerless knowing that they are unable to help patients in the long term. From observing consultations in the clinics, I also noticed how different the relationship between patient and doctor was compared to in the UK. Perhaps due to patients having lower levels of health literacy or due to cultural differences, the relationship seemed to be a lot more patriarchal with less of the focus on patient centred care and autonomy than we see in the UK. It seemed that patients were either too nervous to or simply did not think they could ask questions about their health problems or any medications they were being prescribed which made me wonder how many of them fully understood what they were being told and how this could affect compliance. This is something that I will keep in mind in the future if I end up being involved in similar projects as a doctor.

I believe that this experience will contribute greatly to my medical education in terms of how I interact with patients. Having observed consultations between Honduran doctors and patients, I feel I will be much more likely to take factors such as culture and health literacy into account when speaking to patients here and will do my best to accommodate each individual's needs. In addition, this experience gave me an incredible opportunity to improve my Spanish which will be of great use to me as, on multiple occasions, I have encountered Spanish-speaking patients in the UK who have had to navigate the hospital and get through their appointment with no translator. Participating in this project has left me feeling extremely motivated to continue to work to improve my language skills.

I feel extremely grateful to have received assistance in the form of the expedition fund to help make it possible for me to participate in this project. Through a huge amount of hard work, including applying for various grants and organising many charity bucket collections at London tube stations, I was actually able to raise the entire cost of the brigade and helped others students to do the same. I know that many medical students have participated in volunteering projects abroad as part of their work experience and I would not have realistically been able to do anything like this had it not been for this opportunity.