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Ecuador was nothing like what I imagined. I was surprised by the beauty of the country's diverse landscape. In Quito, I never got tired of looking at the magnificent mountains in varying shades of green on my daily commute to the hospital. I could also never imagine what I would see inside the hospitals in Quito and Chone. It was a completely world that what I'm used to and it taught me to view things from an outsider perspective. I came away with a deeper understanding and appreciation of our own healthcare system than I would have in any other way.

The first part of my experience was spent in the emergency room of Hospital Eugenio Espejo in Quito. It's the largest public, tertiary hospital and in the city. Each morning, I had to squeeze past a mass of patients in the waiting room to get inside. I saw numerous patients with Dr. Vaca in triage which was a small curtained space with one examining table. This hospital is the primary hospital in Quito that provides care to the indigent population and many patients travel here from communities several hours away. The variety of pathologies I saw in one day easily surpasses what I saw in the U.S. in an entire month. Because many of these patients do not access to preventive health care, they often come in with untreated chronic health conditions that ended up in acute emergencies. A middle-age man with untreated hypertension came in with end stage renal failure requiring dialysis. An elderly, jaundiced woman with petechiae throughout her abdomen was diagnosed with metastatic cholangiocarcinoma.

I was amazed by the expediency with which patients were seen. The history taking takes two to three minutes: What's your name? Where do you live? What brings you here? Lab work and imaging studies are done only when necessary and if patients are able to pay the minimal fees right away (usually a few dollars). An elderly woman who suffered from likely a large stroke had to wait until her granddaughter found ten dollars before her head CT scan could be done.

It was an enormous contrast with the ER I worked in the States. Here, efficiency and resourcefulness are key. With one triage table and very limited space for beds, the goal of the doctors is to give care to the greatest number of patients who cannot afford care elsewhere. Although it is a major trauma center, there are only three mechanical ventilators. The doctors recalled tragic moments when patients passed away because they lacked the equipment to save them. Their mode of operation often comes at the expense of patient privacy, comfort and autonomy. Still, I have deep admiration for the physicians I met there. Working for very little pay, these knowledgeable and hardworking doctors are doing the best they can under very challenging conditions. They demonstrate a strong desire to learn and teach and are dedicated to serving the poor.

For the second part of my experience in Chone, I worked at Hospital Napoleon Davila Cordova, the only hospital serving this rural town. Once again, I was transported to yet another completely different environment. Situated at sea level near the coastline of Ecuador, Chone is a locus of many tropical diseases. Working in the pediatric ward with our preceptor Dra. Diaz, I saw many children afflicted with infectious diseases that I saw for the first time—dengue fever, parasitic infections and more. I witnessed first-hand how public health problems like unsanitary food and water can take such a huge toll on the health of the population, especially the very young. Furthermore, Chone's hospital suffers not only from a lack of technologic resources, but also a shortage of physicians. Their small 3-bed emergency room is populated by sick children because

there are only a handful of pediatricians serving the whole community and parents have no where else to take their children. Children with complicated medical problems have to be transported to large urban cities several hours away in order to receive care from specialists.

Educating patients about health prevention is a very important task of the physicians. At her clinic, Dra. Diaz tirelessly counsels parents of her patients about nutrition and the importance of childhood vaccinations. Although the government sponsors a free vaccination program for children, some families living in faraway, rural areas choose not to vaccinate their children because of lack of knowledge or to avoid traveling long distances to get to the clinics.

My experience in Ecuador was very eye-opening. I learned a lot from working with physicians in the different healthcare settings in an urban, tertiary care hospital and a small, rural community hospital. At both places, I was inspired by physicians who were doing their best to care for their patients although their care was often compromised in the face of limited resources. In meetings with my preceptors, I learned about the sharp contrast of the quality of care delivered between the private and public hospitals in Ecuador. The socioeconomic status of the patients strongly determines the quality of care they receive. It gave me an appreciation of the health care resources we have in the United States to allow us to provide a high quality of care to the poor. At the same time, it showed me the great inefficiencies in our system. My experience in CFHI's program was very enjoyable and rewarding. It instilled in me a desire to provide care for indigent populations both at home and overseas in my future work.