

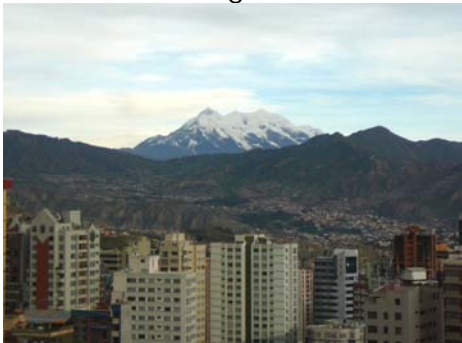
## CFHI Pediatric Health program- La Paz, Bolivia

My name is Robyn Nolan, and I am a second year Pediatric Resident in training at the University of Utah/Primary Children's Hospital. I spent the month of February 2010 in the Pediatric Health program in La Paz, Bolivia. I was privileged to receive a scholarship from CFHI that made this experience possible for me, as my loans from medical school take up all of my income from residency. I am grateful that CFHI realizes that this sort of trip is difficult to take, especially for medical students and residents living off of student loans, and feels that this experience is an important one that needs to be supported. As a healthcare worker, I feel it is an important job to extend care equally to everyone, and that in order to do this we must be open and receptive to different needs and beliefs. In order to do this, I know I need to take myself out of my own comfort zone and conceptions of life and try to put myself in other people's shoes. That was a large part of my goal in traveling to Bolivia, and the immersion in both family life and hospital life in La Paz met with these expectations.

My daily routine in Bolivia was a nice departure from my hospital routine at home. Every morning I got up and my host-mother would have breakfast ready. I'd sit and drink tea and have time to get ready for the day ahead of me. Then I would meet up with the other students and walk to the hospital, or walk to the meeting location for the microbus. This gave us a great chance to experience the city and the people on our way to and from the hospitals. The mornings were spent at the hospital; as a resident, the attendings tried hard to give me a more in-depth experience within the hospital. We would then head home for lunch to a wonderful meal prepared by our host-mom; I don't think she repeated the same dish in the whole month we were there. Then in the afternoon we'd head to Spanish class for an intense two hours of conversation and grammar, and lots of homework to work on our vocabulary. The evenings were frequently spent working on our Spanish homework or reading for the hospital, and I frequently spent this time with the other CFHI students.



When I had free time I would walk around the city, trying to experience different aspects of life in the city and trying to understand the flow of life in La Paz. The markets were constantly buzzing with life, and many of the women who worked the stalls would bring their infants with them during the day as they had nowhere else to leave them. Some observations from journal regarding my wanders around town: "Brett was noting construction violations all over the place and was amazed at the dichotomy of poor buildings and sky scrapers. He was also amazed that the whole town takes 12 to 3p off for lunch; I think it sounds great and am looking forward to it!", "The sheer number of stores and street



vendors has been overwhelming, so we haven't ventured into the shopping game yet. There are a large number of the indigenous population walking around, who have the most colorful skirts and beautiful shawls that they sling on their backs to carry their children. The older children are all in school with uniforms, and the girls outfit looks an awful lot like my white coat with a sweater over the top", "The higher up you get in La Paz, the poorer the conditions get", "there are way more dogs as pets here than I thought there would be. Many of them wander the

streets because apparently people let them out when they leave for work and let them back in when they return. The dogs are better at crossing streets here than I am! Then there are the pampered pets down here in the Sopacocchi district, ALL of whom where clothes", "The Zona Sur was interesting to see because there definitely is an upper class here, and their lives are very similar to ours; but it doesn't fit with the rest of Bolivia".

We spent a fair amount of our time on the infectious disease unit and in the consultorio. "(Dr Velasco) is one of the infectologos, so it appears we will spend more time on that unit than the others. I'm okay with that, since realistically a lot of what is different in developing countries is the infectious disease and the lack of resources". Because we didn't have responsibilities at the hospital, I had time to go around and talk with the families and play with the kids once rounds were done.



"The families have been very sweet, and don't mind us coming around and asking all the same questions again and re-examining their kids. The kids with cutaneous leishmaniasis (a parasite transmitted by sandflies that most commonly affects the skin, but can spread through the body as well) especially enjoy it, as they are stuck in the hospital for 2-4 weeks during treatment". This extra time also allowed me to read about the



conditions we were seeing as we went along. Dr Velasco tried to guide our reading by assigning us patients to follow, or articles about diseases that are endemic in Bolivia. The most important part was just watching the difference in the culture: "I was in clinic with Dr Velasco again this morning, and saw an interesting combination of things I see every day in clinic (ear infection, upper respiratory tract infection aka cold, lymphadenitis) and things that you won't see in the United States. Lots

more TB, a child with chronic cough and anemia most likely indicating that she has parasites (it would be reflux or asthma at home), and a malnourished 9 year old girl with no specific complaint. With the patients who had infections, he had to play the same game that we play- what medications will their insurance cover? However their insurance covers a very narrow spectrum of antibiotics, even amoxicillin is out. He also had long discussions with the parents whose children had a virus since they weren't happy with not receiving any treatment. A familiar story, but he specifically mentioned that he provides them with placebo in telling the parents specific diet changes (for the whole family, not just the child), certain limitations, teas, activities.... At first it felt a little weird, but then again, it's not any different than when we talk about yogurt for diarrhea, or give saline drops for noses. It's hard to be a parent and not do anything, and they're happy when they have something to take away, even if it's home remedies. Speaking of home remedies, they use manzanilla and coca for everything here, and I have to endorse that the tea really does make the stomach feel better".

Well child checks were also a fascinating experience; the exact same medical exam, but very different conversations. It was interesting to hear the questions they were asking the families. They are the same questions I would ask a parent in my clinic in Utah, but very different questions than I would ask here. For example, we had a 10 month old child who was dropping off her growth curve, and they automatically asked if the mom was breast feeding, and how often, and then went on to how much water and juice do you give the child; the next step was counseling against giving juice, because in the states its water and sugar. Here it's normally freshly blended fruit in milk, which actually has decent nutritional value. This mom was only giving a little of it anyway, and was still trying to primarily breast feed which was



no longer sufficient for this child. But families here breast feed for as long as possible because often times they can't afford food. You also have to worry about issues like clean water and foods causing illness that leads to weight loss, parasites, and maternal malnutrition. For anticipatory guidance, they talk about what foods are safe to eat, not how much TV a child should be watching. It makes you not only appreciate the privileges we have, but also puts into perspective some of the behaviors of families in my clinic. For example, we frequently talk to them about using the tap water as it provides fluoride to protect their children's teeth; however, many of them are coming from places where using the tap water is not safe and so would never give this to their babies even if told it was. I even found it difficult to go back to using tap water once I returned to the United States.

Servicio de Adolescentes provided a part of pediatrics that I don't get to see very much in the United States, so it was hard for me to make a comparison but perhaps that allowed me to be more open. The doctora that we worked with only sees patients from age 10 to 21; it's a bit like the teen mom clinic, except she doesn't see the babies as well. I get very few teenagers in my clinic, and once the teens become pregnant they either transition to the teen-mom clinic or are taken care of by the OB-GYN's. The Servicio de Adolescentes is designed to be for low income families, and many of the patients are on SUMI (which will cover them while they're pregnant and for 6 months after). They try to get them in to see as many services as possible while they have this coverage- ophtho, dental, etc- and within a couple months of having the baby they come back for family planning; IUD's are the best situation because it will still be in place once the insurance is gone (they last for 10 years).

"I was fascinated by her advice for the moms. Some of it makes lots of sense, some of it I think is probably cultural; I have to admit, I'm not quite sure where the line is. At 33 weeks, she has the pregnant moms start getting their nipples "ready" by stimulating them and pulling gently at them 2 times a day. The idea behind this is to prevent nipple inversion to allow better feeding, and harden the nipple before the baby starts chomping on it. The mom's here successfully breast feed their babies for 6 months or more, so I'm going to



believe that this practice works. The advice for after the baby is born included no sexual relations for 45 days(yeah, I believe that one), no chocolate for the first month because the uterus won't contract down as well (I refuse to believe that one), no mate (caffeine probably not good), no cold drinks (very cultural, exposure to cold causes illness), and no sopa de certero because it causes embolism (I have no idea where that one comes from)." This clinic was a great experience not only because it provided exposure to issues that I normally don't deal with, but also because it had a similar mission to my continuity clinic, a mission I believe is very important: That everyone deserves health care, regardless of wealth, age, education, or background. It was wonderful to step back and see how important this clinic was to her patients, and think about how important my continuity clinic (one of the few sliding scale clinics in Salt Lake) is to the patients we serve. It reinforced and renewed my desire to continue working in settings like this, which is so important in a high-stress field that is often only made more stressful by lack of resources, language and cultural barriers.

In order to further our understanding of Bolivia and it's medical system, our medical director met with us once a week to discuss pertinent topics. "We met with Dr Uribe (our medical director) last night to talk about the health care system in Bolivia. They have coverage for pregnant women and kids up to 5 years, and coverage for adults over the age of 60. Other than that, you either get it through



your profession or have to buy into it, which of course not everyone can afford to do so they go uninsured. As in our system, where you can be seen is dependent on what type of health insurance you have, and most of the conditions that are covered are acute conditions." We were also able to go to grand rounds once a week, which is very similar to ours. We were privileged to be there when "all the residents at El Hospital del Nino present the research they've been doing for the past year. It was a challenging morning of sitting in hard seats with a bad sound system in a dark room trying to understand what was going on. I kept up pretty well mainly due to the fact that they were using powerpoint so I could read instead of listening. There were a few really interesting studies that clearly illustrated the differences between the states and Bolivia. For example, in a normal child the oxygen saturations here are 83 to 87%. They don't put the children on oxygen until they reach 75% (the nurses at PCMC would lose it!). They discussed asthma exacerbations, but didn't talk about maternal factors, smoking, air pollution, or control medications; realistically control medications aren't affordable here. 75% of suspected apy's go to surgery, but it takes an average of 21 hours to go to surgery. 50% are found to be pathologic, which most of the time means that the appendix has perforated and the patient also has peritonitis. My favorite study was looking at burn-out rates in residents, since they have no work hour restrictions (on call every 3 nights for a 36hr shift is the intern schedule). 30% burn out and 30% who just depersonalize. The highest rates for this were in interns (duh) and in pediatrics. The depersonalization was a tie between peds and anesthesia. I'm terribly impressed that despite their work hours they're all doing their own research projects. Especially since it's an attempt to try to have a better idea about their patient population, since all of the research is coming from other areas".



I am now back at Primary Children's and on the Oncology service; I am so grateful that I got to spend time on the Oncologia service in La Paz as it is really helping to put things in perspective. "Dr Riveros took the time to show me the original scans and photos of the kids, and then talked with me about some of the differences in therapies between the US and here. For example, many of these kids are uninsured, or have minimal coverage and of course their families' can't afford to pay for the treatments. In fact, they often couldn't afford to bring them in the first place, which is one of the reasons their diseases are more advanced at presentation. There is a foundation here that pays for many of the children's therapies, but only if they have a good prognosis (because you can't pay for everybody, unfortunately). The kids who are covered will be started on as much of the treatment protocol as possible, but they don't have directed radiation here so they have to do whole body, and they don't have access to all of the chemotherapy medications." The attending who I had asked for help to find medicine for one of the children at El Hospital del Nino was actually the attending on service the week I started back at Primary Children's, which worked out great. As before, we have some kids who are



not doing well on our service (all of the kids are sick, not just undergoing chemo, that's how they end up on our service) but now I am able to look at them and say "but they had years before they got to this point" or "but at least we're continuing to treat them" or at the very least "at least their family gets to be with them around the clock". Many of these kids wouldn't have funding for treatment in Bolivia because of their poor prognosis; others would never have gotten this far; none of them would have their parents sleeping in the room at night (or

their own private room) and many would have their parents far away because there is no money to travel and no Ronald McDonald house for the family to stay at. So even though I am back on one of the harder rotations in second year, I'm so happy to be back at work and am loving my job right now. And I'm so grateful for that, because it's been a long time. Intern year took a lot out of me, and i'm so glad that "it" is coming back. As far as the spanish goes, I had clinic on Monday afternoon. It wasn't the slam dunk success I had envisioned when I started this whole plan, but realistically I was never going to come back fluent. I was, however, able to understand almost everyword my patients said, AND was able to speak in tenses instead of putting everything in the present tense and then adding "in the past". I'm very excited, and determined to keep working at it.

My future plans as a doctor have not changed following this rotation: I still plan to do a fellowship that will allow me to work with children with special health care needs, and hope to continue helping to provide these services to families who have difficulty with accessing health care (low socioeconomic status, English as a second language). This rotation has helped me broaden my perspectives on how different cultures and different groups of people view life, and all the hard decisions that come with it. More importantly, it has helped me step back and remember why I love medicine, why I love working with the patients of every background, and why it's so important to continue to reach out.

