

CFHI Urban and Rural Comparative Health Program

Quito and Chone, Ecuador

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Ecuador's government-run clinics are known as Subcentros de Salud. My first rotation is at Subcentro de Salud in Cochapamba, an area a little north of central Quito, perched on the steep slope of the active volcano, Pichincha. I take the Metrobus from parada Brasil two stops to parada Eduardo Carvajal where I transfer to a small blue bus that drives through an affluent area called El Bosque. Drivers of these smaller, blue buses tend to be aggressively impatient, yelling at people to get on quickly, "*Siga, siga, no ma*".

You are lucky if the bus actually comes to a complete stop when you get on or off. You have to somewhat throw yourself onto the bus and grab on to a handlebar, which can be really difficult if you are an elderly person, a small child, or a woman with a baby. If you are not lucky enough to get a seat, sudden, jerky stops often lunge you into the person in front of you. Quito has that cramped feeling so characteristic of big cities; it is a place where the notion of personal space seems both unnecessary and inefficient.

The blue bus, (usually blasting salsa or reggaeton music, decorated in brightly-colored fringes and Jesus regalia), drives over a steep hill, at the top of which I disembark and it becomes glaringly apparent that this town is much poorer than the previous one.

Stray dogs roam the town, and I immediately think that I should have splurged on that \$200 rabies vaccine that I didn't think I'd need. Small heaps of garbage line the streets, and the construction of houses becomes practical rather than aesthetic, lacking in color and architectural frills. It smells like the smell cities have after it rains, a moist combination of car exhaust, urine, fried food, laundry, and trash.

As I enter the clinic, I get the impression that most people know each other. There is already a line of patients (mostly women with children) waiting outside the clinic before it has even opened, before the doctor or nurses have begun to arrive. I overhear one woman say she had arrived there at 5am.

At the Subcentro at Cochapamba, I have the opportunity to observe a typical day of someone who I would consider to be one of the best doctors I have ever met, Dra. Silvia Sancho. Dra. Sancho's philosophy of medicine lies in educating her patients. She makes me think of that phrase that if you *give* a person a fish, you feed them for a day, if you *teach* a person to fish, you feed them for a lifetime. Most of her patients are children and young women (under 25), many of whom are first time mothers and require some guidance in basic tasks such as dressing, feeding, and cleaning their children. During the course of a visit, Dra. Sancho talks openly about correct breastfeeding practices, safe sex, conception use, exercise, and eating habits.

Dra. Sancho focuses on empowerment during her visits with patients, congratulating young mothers on their success in raising healthy children, which she treats as an obstacle overcome rather than a thankless responsibility. When a stay at home mother says that she is "unemployed", Dra. Sancho throws up her arms in disbelief and explains that the role of a homemaker is indeed a job.

Dra. Sancho frequently makes comments that make me and/or the patient burst out in laughter. Later when I think about it, I am intrigued by how she is able to have such a serious conversation with someone while still allotting space for comic relief.

Many of the patients adhere to certain beliefs regarding medicine that are common among indigenous populations. An example of such is the evil eye, *el mal de ojo*, in which a person imparts a certain disruption to the energy of another being, typically a child, whose energy sphere is not entirely protected. A child who is thought to be a victim of the evil eye typically exhibits irritability, sleeplessness, and incessant crying. The cure for the evil eye involves a cleansing with an egg yolk mixed with various herbs.

I appreciate that the doctor not only stops to explain the evil eye to me, but she confides that she actually does believe in such a thing because she has seen it work—specifically a child who was able to be subdued and pacified after said cleansing. She is well aware that the vast majority of doctors think such "folkloric medicine" is ridiculous, but all the same she believes in it, and I think her patients appreciate her for that.

My rotation at the Subcentro in Carcelen Bajo is in a similar setting to the one in Cochapamba, a humble clinic made of concrete, and wrought iron shielded windows, located far away from central Quito. The syringes and tongue depressors are disposed of in used five-liter water jugs, and iodine is stored in emptied Gatorade bottles. Part of the clinic is dedicated to "odontologia", or dentistry, and I arrived to the clinic my first morning to find with waiting area ridden with

kindergarteners who had come for dental check-ups from their school across the street, and later learned that frequently students visit the doctor as a class during school hours.

As you enter the clinic, patients who have been waiting for a long time bombard you with pleas, to see them quicker, to do something because their child is sick, they ask how much longer?



Dra. Monica Andrade is the family doctor I observe, and she encourages me to participate in physical check-ups. She teaches me to listen to the four points on a patient's chest, and to listen to lungs and identify problematic sounds and rhythms. She shows me how to feel for an infant's soft spot on their head, for an enlarged uterus in a pregnant woman, what an umbilical hernia feels and sounds like, what an undescended testicle looks like.

She, like Dra. Sancho is an intelligent, well-respected, hard-working physician who is excellent at what she does. Children are notoriously difficult to examine, they kick and scream and scratch and pull hair. But Dra. Andrade has developed a way to gently and thoroughly examine the children while they sit on their mother's lap, and they succumb to the doctor and even enjoy the examination. It is all quite impressive.

One of the biggest challenges of a healthcare provider is to facilitate much needed changes in unhealthy behaviors. Talking to a patient about changing bad habits without offending them requires uncommon finesse. How do you tell a patient that their being overweight will soon lead to obesity, diabetes, and/or hypertension if they do not change? How to tell a mother she is doing a poor job at feeding and cleaning her children, and that such neglect is the cause of her children's illnesses?

Coming off as too gentle may not elicit any change in a patient's behavior, and coming off as too direct can result in a patient resisting change or worse, not returning to their healthcare provider. Somehow, these doctors I observed were able to master the delicate balance of talking to their patients seriously and directly without offending their patients. Perhaps it was their deliveries and tones of voice that communicated empathy to the people they were trying to reach.



#### PTS(Cuy)

The cuy (pronounced kwee) plays a pretty important cultural role in La Sierra. In mercados and on streets, you'll find different presentations of cuy, for example a wildly-spinning rotisserie of cuyes, or whole cuy on a stick, kinda like a kebab, or maybe you'll just see them running around.

But if you go to Otavalo, a small indigenous village famous for its Saturday markets, you will find cuy at the local health clinic. Within indigenous medicine, the cuy serves a diagnostic purpose, which is referred to as "unaradiografia de cuy".

During said "radiografia", an indigenous medicine woman in her native dress pulls the body of the cuy as far apart as possible, holding the cuy by the neck in one hand, and by the legs in the other. Once stretched, the woman rubs, or rather hits the body of the guinea pig rather aggressively over every surface of the patient's body.

During this time the cuy is squealing, and its fur is flying everywhere, and in the case of the specific cuy that I saw, it peed, excreting its urine all over the room like an uncontrollable hose gone mad. I think some splashed on my eyelid, but there's no way to be sure. This "cleaning" of the person's body with a cuy occurs until the cuy sort of dies, probably due to the breaking of its neck or the trauma inflicted on its internal organs.

Now for the fun part—the curandera then cuts the cuy with a knife longitudinally, starting at its neck, and continuing through to its anus. I hear a high-pitched squeal and consider running away as fast as I can, but then realize it may be disrespectful. The curandera begins slowly and patiently peeling the fur coat off the cuy, as natural to her as if she were peeling an orange rind, smiling at me she says that she is “quitandole la ropa al cuy”. It is like a car accident, I can’t turn my eyes away from this spectacle.

Once the coat is off, the next layer of skin is cut into, revealing the viscera—heart, lungs, intestines, kidneys, uterus. It turns out this cuy is pregnant, and the intact, bicornate uterus is pulled out, whitish in color, with dark little balls inside, like peas in a pod. The heart takes its time to stop beating.

The diagnosis is the following—the intestines alone are pulled out and sit on the curandera’s palm, wiggling and slithering like something out of a science fiction movie (the sounds it makes are similar to the sound of someone stirring macaroni and cheese), and the curandera declares that the patient has bichos (parasites)-- and also a case of espanto (a scare), and the latter requires a cleansing with herbs.



The reason that I am going into so much graphic detail about this experience is because a) it traumatized me and writing about it serves as an emotional outlet and b) an understanding, or at least exposure to indigenous medical practices is crucial if one is to visit Ecuador with the aim of learning about Ecuadorian health care. Initially, this whole experience seemed to fall into one of those ethical gray areas, where something seemingly barbaric to one culture can be a norm or tradition in another. It was very easy for us to judge that such practices are antiquated and ignorant.

When I think about it later, I am grateful for the opportunity to have observed such a unique form of the practice of medicine. I try to put myself in the place of an indigenous person, where such practices are not at all ridiculous or humorous, but a matter of life and death for the patient. The practice of indigenous medicine as I experienced it was an intensely spiritual and intimate experience for everyone involved and was not to be taken lightly.

## Chone

Coming to Chone is like entering a time warp. Most people get around by bicycle or motorcycle, and oftentimes you will see up to a family of four or five on a motorcycle. There is no centralized supermercado, only street vendors selling platanos, fresh fish and crabs, fruit, and grains. Pieces of meat hang from hooks unrefrigerated and dotted with flies. Some roads are unpaved, and cars and vintage motorcycles kick up dust as they pass. It is a town where everyone is always half-dressed and knows one another and cars honk at pedestrians merely to say hello. Men whistle and catcall at every woman who walks by, but somehow it seems more friendly than disrespectful.



Chone is on par with what I imagine Cuba to be like. Riding the buses to the Hospital Napoleon Davila is my favorite part of the day. It is a route and a scenery that repeats itself identically day after day, but one I think I could never tire of. I am in love with this town, this tourist-less alcove, a pocket of the world with virtually

no Western influence—there is no imported rap music, no English, there is hardly internet. This town seems simple and pure, untainted by the complexities of the “developed world”. It is unlike anything I have ever experienced.

To romanticize the town further, the people who inhabit the town *love* living there. You frequently see stickers and T-shirts reading “100% Chonero” and other similar phrases denoting pride in their province. Chone is a farming/agricultural center, and never before have I tasted food so fresh, literally the chicken is slaughtered in the backyard and the milk delivered daily in a plastic bag.

I asked Dra. Matilde Diaz whether there were any psychiatric services available in Chone. She told me that one would have to go to Quito or Guayaquil, and then she thought a little more about it and said: “I don’t think there is much of a need for them, look around you (we were in a taxi), everyone is happy. It would be an empty psychiatric clinic if we had one”. I swear to God, I think she is right. A psychiatric clinic seems ludicrous in a place like Chone, with its delicious food and abundant hammocks and teeming life. Everywhere you go there is music playing. People even find the mosquitoes funny, as I showed them my bites, they lovingly laughed and told me I would be taking home a souvenir from Chone.

The interesting thing about Chone, and I suspect other poverty-stricken towns all over the world, is how sustainable and “green” they are. This sustainability does not arise from a need to be trendy or hip or marketable, it’s more of a survival strategy. For example, many of the houses I saw were built out of bamboo or scrap metal. As I mentioned earlier, most people get around by foot, bus, bicycle, or motorcycle. The vast majority of people do not drive cars. Furthermore, all of the meat is what you would call “free range and hormone-free”. Hot water is an unnecessary luxury that is typically not found here. Many of the clothes and appliance stores are what you would call second hand stores, and rather than an array of stores to buy new goods from, many people make their livings by repairing things, making objects reusable. Naturally, I found this idea fascinating, that so many modern, industrial and “advanced” societies are striving for this sustainable model.



The hospital in Chone is essentially an open-air hospital because windows are constantly kept open for ventilation. I visit the pediatric ward, trailing a Cuban-turned-Ecuadorian pediatrician, Dra. Diaz. Dra Diaz's primary mode of diagnosis is looking at children's poop. You'll often hear her say something to the effect of: "Mirenesacaca tan preciosa, bienformada, con muybuen color!" At 8am, in a humid, damp, overcrowded hospital the last thing in the world I want to do is stare at and smell a kid's dirty diaper.

Still, I admittedly had no idea how much you could determine by a patient's stool. What is the color and frequency and consistency and smell of the stool? Does it have mucus or blood in it? In fact, mothers were not allowed to throw their children's diapers away unless a nurse or doctor had observed it to record its color and consistency. Dra. Matilde Diaz can usually diagnose if an infection is bacterial, viral, parasitic, or a combination of these and can monitor whether the patient is improving by just staring at a couple of dirty diapers. It was mind-boggling.

My impression of doctors in Ecuador, especially doctors working in lower resource areas, is that they are excellent clinicians. Whereas a doctor in a resource-rich country would make a diagnosis based on a battery of pricey tests and some patient history, the primary instruments of these doctors are seeing, hearing, touching, and smelling.

Such methods, simple and inexpensive, are really important in Pediatrics, and specifically in children too small to verbalize coherently. The way they communicate, according to Dra. Diaz, is with their bodies, how they cry, the way their eyes look, etc.

After visiting the Pediatric ward, I follow Dra. Diaz to her office where she conducts primary care check-ups. She demands that I participate in physical exams, auscultating and palpating whenever possible.



Questions that I learned to ask about, among others, are: How do the patient's eyes look? What color is the tongue and throat? What do the insides of the nose and ears look like? Is the skin ashen or pale? Is there adequate blood flow back to the nails after pressing on them? If you pinch their skin, does it return to its original form in a reasonable amount of time? Are there bruises, bites, scars, and swellings on the skin? Pale palms?

The answers to all of the questions assist in making a diagnosis using the senses alone. Dra. Diaz does not hesitate to interrupt a visit with a patient to explain what she is doing, what her diagnosis is, and what her recommendations are.

Dra. Diaz explains that the way Ecuadorian doctors are trained is to take the whole person into account. Although a patient may arrive complaining of a sore throat, the focus of the visit does not lie in merely the throat. Usually a comprehensive physical exam is given, along with questions concerning recent trends in lifestyle, diet, and significant life events. The practice of medicine is like a puzzle, and clues are obtained from bodily and vocal language.

#### Urban versus Rural Health

There were many common themes in my experiences within urban and rural settings. For example, the prevalence of pregnancy in early teens and malnutrition among poor children were ubiquitous. I observed a lot of diagnoses of colds, and coughs, and some bronchitis in Quito, undoubtedly as a result of the comparatively colder climate.

The primary difference that I observed was that problems such as malnutrition and teenage pregnancy tended to be exacerbated in rural, poorer areas. My assumption is that in such areas, people have less access to the luxuries of clean drinking water, trash and excrement disposal, and resources such as nearby clinics and schools. That is not to say that clinics and school do not exist in rural areas, but oftentimes these resources can be far removed from where people live, and many people would rather not deal with the inconvenience of going to the doctor, which can often result in a much progressed, easily preventable condition.

Most of the ailments I observed were those that were consequences of poor drinking water and drainage systems. I saw many cases of dengue, rotavirus, *E.Coli* infections, as well as a range of parasitic infections.



The biggest issue that I observed by far is childhood malnutrition. In fact, I did a presentation on malnutrition for one of our weekly meetings with the Medical Director. I learned that a poor quality of drinking/cooking water can have disastrous consequences because a person is unable to properly digest and store energy and vitamins if they are constantly afflicted with stomach/intestinal ailments that cause diarrhea and/or vomiting.

The scary part about malnutrition is that it can be accompanied by countless other secondary effects such as anemia, goiter, cretinism, thyroid problems, mental development, rickets, scurvy, just to name a few. In an attempt to combat malnutrition, the Ecuadorian government has created a program where children are

given iodine and vitamin A supplements for free. Mothers also have the option of obtaining an enriched fortified grain supplement called “Mi Papilla”, which in theory is a fantastic idea, but oftentimes clinics run out and are left without this supplement for weeks at a time.

Malnutrition is both a social and physical illness that primarily affects those in poverty. It also establishes a cycle that is difficult to break, wherein an individual is unable to break out of poverty because they are too sick to work, and in turn, that individual is too poor to adequately nourish and care for him/herself.

## Conclusion

It is difficult to make overarching generalizations about a country’s healthcare system. The quality of care varies widely depending on the doctor, the location of the hospital, whether the care is publicly or privately funded, the socio-economic status of the patient, and the relative availability of beds, medicines, and supplies.

Within the clinics and the hospital that I saw, a concern for cleanliness seemed secondary. I cannot say why doctors and nurses did not use gloves or wash their hands or change the examination bench covering consistently. Perhaps they were not drilled to do such things constantly in their training, which could make it difficult for them to remember to exercise clean techniques in their everyday practices. Perhaps it is a lack of resources and unwillingness to waste materials that makes them hesitant to use a new glove or a new sheet for every patient. It could also be that some doctors think that to be overly concerned with cleanliness is a downright waste of time.

Another notable thing that I learned about after speaking to various physicians is the drastic minimization of malpractice laws (if they exist at all) and the accompanying lawsuits. When I asked one doctor whether he was required to have malpractice insurance, he did not know what that was, and after explaining it to him, he responded that such an idea was absurd.

It comes as no surprise that Ecuador’s public healthcare is lacking in some resources. The practice of medicine is difficult even if unlimited resources are available, but to deliver a constant, caring, preventive, and functional quality of care in underserved areas is truly an art.

The primary focus common to all these doctors is on prevention. Health does not depend solely on the doctor, in fact, patients are required to actively participate in the retrieval of their medicines, in the recordkeeping of vaccines, vitamins, and supplements administered, and are required to take specimens to the lab and back to the doctor to be interpreted. Such tasks, in addition to saving costs incurred by the clinic, require a patient to take an active role in their health. I was impressed by the quality of care delivered by the doctors I observed. Dra. Diaz, Dra. Sancho, and Dra. Andrade are creative in their respective practices, balancing good primary care

and the lack of available resources at their clinics. This balance is essentially what the practice of medicine in underserved areas is all about.