

My experience in Zaragoza:

I showed up in Madrid after a red-eye flight from Newark, and took a taxi, then a train, then another taxi (both taxi drivers ripped me off) to be standing outside of my apartment building in Zaragoza, only I couldn't get in. It was Sunday afternoon and after being homeless for an hour, with no working telephone and no number to call anyway, I managed to get inside and get settled and prepared to start work at the Centro de Salud (what would be similar to a clinic in the US) the following morning.



The street outside our apartment.

I worked with a family medicine doctor, Dr. Valdeperez, and his resident Raquel for the first two weeks, seeing how primary care works in the nationalized Spanish system. What first struck me when I was there was Dr. Valdeperez's schedule: he had patients scheduled every 6 to 12 minutes from 8:30 to noon. That was one major difference between the US system and Spain.



Dr. Valdeperez and Raquel (Dr. Bravo) outside the Centro de Salud.

In Spain, as in the US, patients need to go to their primary care doctor and get a referral before seeing a specialist, unless they are hospitalized of course, and so there were a few people who would come in just to get a referral signed. For the other patients, interviews and physical exams were very short and directed, with little thought given to family, psychological, or social history. The other side of this is that Dr. Valdeperez had the electronic record of everything that had happened to the patient medically since the electronic system was up and running, which was around 2002. Interviews were based solely around the chief complaint, physical exams were focused, and many things (ex. vital signs) were not performed on a regular basis. If a patient came in with a cough and a possible upper respiratory infection, there was no need to take their blood pressure or check their reflexes or anything like that. If more time was needed than was scheduled, as interviews and exams could take up to 20 minutes if they were very tricky, or if a parent brought in multiple children, then all the other patients would get pushed back and the doctor would work until he or she thought it was time to have lunch. When it was lunchtime, any patients waiting for the doctor would have to keep waiting until he or she got back.



Pilar (a nurse), Jeff (me), Raquel (a resident/intern), and Dr. Valdeperez (family medicine) outside his office.

A major difference was seen not just with the doctors and the system, but also with the patients. Patients in Spain had many of the same problems as patients in the US, although in the US we have a major problem with obesity, and in Spain they have a major problem with smoking. Patients were not as modest with the doctors, and did not mind getting undressed for an exam, or having a doctor exam a 'private part'. Elderly women would remove their shirts even before they were asked so the doctor could listen to their lungs more easily. The culture of the country definitely affected the doctor-patient interactions. Going to the doctor didn't seem to hold the same kind of stress or dread as it often does in the US. Since visits are often very short and the healthcare is free, patients will go see their primary care doctors much more frequently than in the US. In the two weeks I was at the Centro de Salud, I saw quite a few patients more than once, something that surprised me. And with healthcare being free (with the exception being that people with jobs had to pay 40% for their prescriptions), many patients would leave the doctor's office with multiple prescriptions in hand, even for medications like ibuprofen and (in the US over-the-counter) insect bite creams, since that way the medications would be cheaper. On the other hand, as hospitals and clinics are not money-making businesses, there were no incentives to over-treat patients or give them unnecessary tests, and there was also less of an imperative to make sure that you, as a doctor, were not sued.

I wasn't entirely sure how pharmaceutical companies fit into the mix, or how Spain got its drugs on a large scale. But on the small scale, every single afternoon at the clinic there would be at least two drug reps who would come to peddle their drugs to the doctors and residents. Maybe the doctors and residents were more polite than we are in the US, because they would take the time to stop and pretend to listen to each rep even though

they were not at all interested in what the rep was selling. With nationalized health care, there were huge economic costs that went into maintaining the system, and the doctors often had short seminars on what prescriptions they should be writing (generics) that would cost less money for the clinic and the system.



Part of Zaragoza seen from one of the bell towers of the basilica.

At the hospital, there was no security and there were no receptionists set up to collect health insurance information. I could easily walk to any area of the hospital I wanted in street-clothes, and I could have even borrowed some scrubs or a white coat and wandered unimpeded throughout the hospital. Which I used to my advantage my first day at the hospital, as the doctor I was supposed to be working with was out on sick leave and I was trying to find an internal medicine doctor to work with. After two hours of talking with doctors, residents, and nurses, I found an internal medicine doctor who enjoyed teaching students and had could speak a little English. After working with her for a short while, I noticed that despite all the differences in the system, the providing of care and the actual care itself was largely the same as it would be at any American hospital. The only real difference in care that I observed was in the last week of a patient's life. The patients and their families were told of the poor prognosis, but the patients were not hooked up to respirators or given IV parenteral nutrition or anything else in order to keep them alive for a few additional days. The prognosis was accepted and the family stayed with the patient for his or her last few days.

From our current medical training, it seems that American medicine is moving more in the direction of a team-centered approach, and to a certain extent the team-centered approach existed at the hospital and the clinic. Doctors would ask questions of nurses and would respect their opinions (more so than of residents), and doctors would listen to one another

with respect to a certain patient's care. The tasks and duties of PAs and Techs in US hospitals appeared to be shared between the doctors and nurses at the hospital. Medical school in Spain is 6 years long, starting from age 18 (at the earliest) and does not include any clinical care or patient contact, so the younger residents (and interns) are still working on these skills. And entrance into medical school is based largely on a test taken at the end of high school, and less on personal skills or other qualities, so when I asked what do the medical students do that don't interact well with patients or other people, the answer was, "They specialize in radiology" (although this was said in Spanish).



El Parque Grande, which was right behind the hospital.

All in all, care was largely the same in Spain as it was in the US, with the exception of end-of-life care and the short primary care visits. Every citizen of the country, regardless of economic status, from the homeless to the rich, got to have the same health care. My part-time Spanish tutor told me that the right to health seems to be one of the most basic things that a government can provide to its citizens. The nationalized health-care system, just like any system, had its share of abuse. For example, there were patients who would try to get doctors' letters to give to their employers explaining that their illness prevented them from working. In this way the patients, although capable of continuing to work, could collect a pension but not have to work any more.

It was helpful to be in a hospital in Zaragoza, as it is a big city, so there is a large and varied patient population, but it is not a city for tourists or foreigners, so few people spoke English and I was forced to practice Spanish. I hope to continue to learn Spanish so I can get to the point where I can interview a Spanish-speaking patient without an interpreter and deliver the same level of care as I would to an English-speaking patient. One of the doctors I was working with at the hospital had me interview a patient in Spanish, and although it went

poorly because of my weak Spanish skills, I had still improved in the language significantly. When I first arrived there would have been no way I would have even attempted a patient interview in Spanish. I'm glad that I spent the summer in Zaragoza, and think I got a lot out of it, and I hope to keep in touch with the people I met while I was there.