## Rajeev Dhupar Complejo Hospitalario Metropolitano, Panama Nagendran International Health Scholar

May 15, 2004 An international elective for a medical student is a unique opportunity because we gain experience not otherwise afforded in the United States. During my four weeks at the public hospital in Panama City, Panama I had the privilege of seeing the presentation, diagnosis, and treatment of illness in a country with paucity of resources, as well as the medical philosophy behind patient care in a society different from my own. The exposure has left me with a deeper understanding of the responsibility I will hold as a physician, as well as the realization of how fortunate I am to be training in the United States.

At the Complejo Hospitalario Metropolitano in Panama City, Panama, the presentation of illness differed significantly from what I have seen as a medical student in the United States. Patients seemed to endure great amounts of discomfort for days and sometimes weeks before coming to the hospital. It was not uncommon to see a patient in the emergency room describing symptoms of appendicitis beginning one week previously. Different from the United States, when a patient comes to the emergency room it is usually for a serious problem. The society as a whole is more afraid of the hospital and only come in when absolutely necessary.

The diagnosis of illness differed in the surgical setting mainly because of lack of imaging modalities that we rely so heavily upon. Rarely was a patient able to have a CAT scan, and MRI is for the most part unavailable. Residents would rely on clinical diagnosis, and often would operate with an unclear diagnosis. This lead to many exploratory laparotomies and long operative times.

The treatment of illnesses was less conservative in the surgical setting, mainly because of the inability to diagnose illness accurately due to late presentation and lack of imaging resources. Post operative treatment often involved choice of few antibiotics, almost inevitable post operative infection, and often reexploration to find out why the patient was not doing well.

The philosophy behind patient care varies from what I am taught as a medical student. Patients are talked "about" on rounds, not always directly addressed. Often the attendings do not know the

patient's names after operating on them, and are not clear of their history. There was often joking around and what I found to be inappropriate comments made around the patients.

Overall my experience in Panama was an excellent and very unique opportunity. I saw healthcare in a setting with limited resources and different philosophy applied to patient care. I have since come to realize what an honor and benefit it is to be able to train in the United States, and hope to be able to return to Panama or another country in the future.