

Notes From Abroad

Yale/Johnson & Johnson International Health

September 2005, Vol. 1, No. 7

Getting back to the basics and really connecting with patients Tela, Honduras

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Flying blind. I did not think it was possible, but after spending a week here on the northern coast of Honduras, I have learned that it is not only possible, but it is a daily reality. Seeing only a large heart, we treat ischemic cardiomyopathy. Hearing only an irregular heartbeat, we treat atrial fibrillation. Noticing subtle neurologic deficits, we treat ischemic stroke. Feeling a fever, we treat dengue. And noticing a cough, we treat tuberculosis. Armed with limited basic laboratory tests and a handful of medical treatments, one has to maintain a certain vigilance with the history and physical exam in order to arrive at the correct diagnosis. After a week of working in these conditions, I still can not help but imagine how different medicine would be here with CT scans, EKGs, chemistries, and a limitless supply of medicines.

Tela is a small city of 30,000 people with a low-technology hospital which serves about 300,000 people. Located on the lush, northern coast of Honduras, it has the potential to be the next trendy tourist destination. The city boasts beautiful beaches, access to famous plant and wild-life reserves, dense tropical rain forest, and is within a day's travel to



Kevin Baran, M.D., presents case to Tela, Honduras site staff.

the capital and access to adventure sports such as kayaking, white water rafting, scuba diving, snorkeling, mountain climbing, etc. Yet to reach its true potential, however, it is riddled with poverty, corruption, and apathy. I arrived here at the end of June and have found the people to be open, friendly, and welcoming. The food is varied and includes the staples of rice, beans, tortillas, and beef. Opting to stay with a family, I am living in modest, but comfortable conditions with electricity, internet access, a functional roof, and a comfortable bed. Much to my dismay, there is no air conditioning. That aside, I cannot complain about my accommodations. Money goes a long way here where a Pepsi is 30 cents and a fancy meal in an extravagant tourist hotel will only set you back about ten dollars.

I am here with an emergency medicine resident, Christopher Langan, and in our limited time we have managed to successfully tackle anaphylaxis (from bee stings), a patient with multiple deep machete wounds, dengue, dog bites, and the usual list of chronic medical problems. My experience has been extremely instructive thus far for a variety of reasons. As I alluded above, I have been forced to rely on clues contained in the history and physical, rather than on diagnostic tests. I am also learning how to treat patients where limited resources are available. Getting back to the basics and really connecting with patients has been memorable. Teaching the doctors about new drugs, innovative technology, and trusted algorithms, I feel privileged to be a part of the American educational system. I have also had to learn to be comfortable stretching beyond my comfort zone into pediatrics, ob-gyn, and, even, surgery. There are few doctors that work in the hospital, and even fewer in the evenings on the weekends. One has to be skilled in all fields to be useful.



Christopher Langan, M.D. (center), examining patients at site as Honduran medical staff look on.

I am looking forward to the next month where we will explore the extent of both the medical and public health infrastructures. We are currently planning a visit to a poor, rural, highland community where we will distribute anti-parasite medicine, basic hygiene education and basic medical treatment. We are also working with the local health center which conducts home visits in the area. Of course, we are also anxious to start exploring the jungle paradise which surrounds us. I am grateful for this opportunity to work in such a unique medical environment.