Healthcare in Bolivia

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ABSTRACT

To learn more about the similarities and differences between the availability of services, care, techniques, and places of practice between Bolivia and the US, we traveled to Tarija, Bolivia. We sought to observe and work with infants, children and general and pediatric care providers to experience and visualize their practices and overall focus on the health of the local population. We observed and cared for patients daily at a children's clinic and a regional hospital. At Centro de Salud, a clinic for young children, we evaluated their cognitive and nutritional conditions with an early childhood development monitoring instrument provided by the country. At San Juan de Dios, a regional hospital, several surgeries that involved children and even the birth of many were observed. Within a 5-day work week at Centro de Salud, we observed that only one child (0.03%) of the thirty-two we worked with was borderline malnourished. In our time at the regional hospital, we noted several differences between practices and the overall state of the hospital to what we know in the United States. Facility structures were completely worn down indicating the lack of economic resources to maintain them. Bolivia tends to be more laid back with rules and regulations in that they allow volunteers to observe procedures, and pictures were allowed to be taken of patients or procedures. Additionally, doctor to patient relationships are far more personal, yet still professional.

METHODS

- For the most accurate results we traveled to Tarija, Bolivia for 2 weeks. In Tarija, we shadowed doctors at Centro de Salud, a pediatric clinic, and then observed surgeries at San Juan de Dios, a regional hospital.
- 5 days were spent at each facility from the hours of 8 am to noon.
- Each day we recorded notes on the observed treatments and procedures, hospital condition, local population, and overall process and availability of care.
- Using our observations and new taught skills, we conducted several physical examinations and cognitive development evaluations on infants, children, and elders.
- After clinical and hospital shifts, we remained alongside the shadowed doctors to visit other health care facilities in Tarija.

OBSERVED TREATMENTS

- Wellness check
- Infant Immunizations
- Natural birth
- Cesarian birth
- Hysterectomy
- Chemotherapy through the spine

Figure 1. Shaneese playing blocks with a patient in the pediatric clinic to test cognitive development. A series of games were played with children to examine their cognitive development based on their age.

Figure 3. Erika and Shaneese alongside a pediatric doctor and health inspectors at a clinic built for pregnant teens. This clinic provides care and resources for teenagers and young adult females who become pregnant.

Figure 5. Erika and Shaneese alongside other university students both from Bolivia and the United States. Supervised and taught by a general surgeon at San Juan de Dios.

Figure 2. Shaneese measuring head circumference of a patient. During a physical exam of children 0-18 mo. head circumference, height, and weight are measured.

Figure 4. Erika marking off where the child meets physical and cognitive development requirements. This paper was used as a guide for development based on age group.

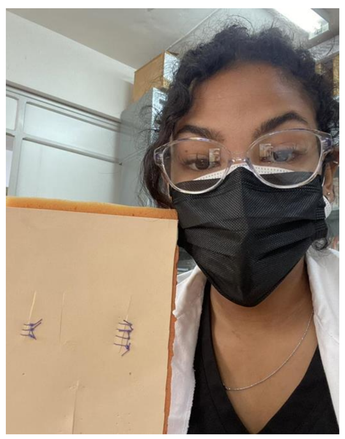

Figure 6. Shaneese practicing sutures on a crafted foam pad and paper. Taught by shadowed general surgeon.

OBSERVATIONS

- Doctor - patient relationships are more personable. While continuing to be professional, doctors develop a close relationship with patients as if they were family themselves.
- At Centro de Salud, the pediatric clinic operates from 8am to noon, 5 days a week. We noted that only 1 of 32 evaluated children were borderline malnourished and 2 of 32 struggled cognitively at their age level.
- At San Juan de Dios Regional Hospital, majority of care providers are nurses or medical university students. Notably observed, most medical professionals, university students, and nurses are women.
- During surgery any doctor, nurse, or student may always enter or exit the operation room. We observed a normal Cesarean birth with 11 individuals in the operating room, 5 hands-on working and 6 were observing or helping when directed.
- Medical records and results are kept on paper in a file-based system, there are no electronic copies. Additionally, communication between providers is conducted in person due to the lack of office phones and building wide announcement systems.
- Both facilities experienced similar states in their structure. Visible damage to ceilings, floors, stairs, and windows were noted. Importantly, these structural flaws do not affect the care provided to the patient.
- In contrast to the United States, comfortability for patients differs. In Bolivia facility seating consists of metal benches, and single wooden chairs. Alongside that, it is rare for toilet paper to be supplied in clinic and hospital restrooms as it is common for patients to remove them from the restrooms and facility to bring to their homes.

CONCLUSIONS

- We've learned new methods and approaches to medicine and patient care. Along with the strengthened ability to work in various team settings, and practice bilingual communication. Despite economic and environmental differences, quality of care isn't affected. Through our studies we found that the expected health issues, disorders and diseases weren't present or not as severe as been portrayed.

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