La Buena Fe Clinic
Honduras

Eliot Hill
Honduras
Overview

• Became independent nation in 1821
• Land area slightly larger than the state of Tennessee
• Mostly mountainous
• Population: 8.7 million
• Second poorest country in Central America—65% of the population lives in poverty which is more predominant in rural areas away from major economic centers
• Economy depends on export of bananas and coffee
• Highest murder rate in the world

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Horconcitos, La Buena Fe
The Clinic

- Open Monday to Friday for urgent care visits, chronic disease follow-up or physical exams
- Support staff: two nurses, one Honduran medical student, one attending physician from United States, volunteer medical or nursing students
- Established in 1957 by Dr. John Blumenschein from Independence, MO
- Sliding scale payment plans; if patient has nothing, they pay nothing
- Pharmacy resources based solely on donations and out-of-pocket expenses

Part of the main clinic room
Topic of Interest

• Inequality in the healthcare system and services between the United States and Honduras
  – Some conspicuous differences had small overall consequences while some minor disparities lead to overarching impacts on the country’s health
  – Inequalities at the social, political and healthcare system level perpetuated inferior care
Social Inequality Affecting Healthcare

• **Water quality**— no tap water in the country is safe to drink and purified water costs money that many cannot afford; this leads to the poorest in the country suffering parasitic infections, leading to missed work, further perpetuating their poverty.

• **Electricity**— while Horconcitos had electricity, it was inconsistent.

• **Literacy**— 60% of the country is illiterate with obvious consequences on healthcare.

Living Waters for the World
“Agua Viva para el Mundo”
Clinic Resources and Services

- Medications on hand in the pharmacy only via donation and out-of-pocket expense
- Lacked many common antibiotics, so often necessary to use third and fourth line treatment options
- Two nurses, who had little healthcare training prior to starting at the clinic
- Honduran medical student ran the clinic without physician oversight when no doctor was on site

Mixing our own medications in the pharmacy
Inequalities in the Healthcare System

- No malpractice lawyers to hold physicians accountable for preventable medical mistakes
- Medical student oversight of major hospitals with no physician supervision
- Lack of registered nurses in hospital wards
- Entry process into medical school—only the people who can afford tuition are allowed entrance, with no emphasis placed on prior grades
- Only 1-2 registered nurses for entire hospital

Public hospital in Comayagua, Honduras
Honduran Perspective

- Jose, the equivalent of a US fourth year medical student, worked at our clinic and shared his opinions of the inequalities in Honduran medical care.
- Entire hospitals being staffed by only two medical students overnight.
- Delivery rooms containing 10-15 laboring women with no privacy.
- Lack of on-site CT scans to determine ischemic vs hemorrhagic stroke.
- Attending physician apathy toward overnight emergencies.

Jose helping read a CT head at the public hospital.
Conclusions

• Necessity of regulation on physicians to be held accountable for medical mistakes
• Incentives for physicians to be more available for medical students on overnight calls
• More registered nurses on staff to help in times of high patient loads
• Country needs to put emphasis on helping its citizens have access to purified water
• Entry process to medical school needs to be more inclusive regardless of socioeconomic status; also need to have emphasis on grades, not wealth
Clinical Experience

- Father brought in nine year old son with serious necrotic heel wound that occurred four days previously
- Initially were concerned for mistreatment/negligence
- After further questioning, father revealed he was embarrassed to come to clinic earlier because he didn’t have money to pay
- Anesthetized, cleaned, debrided, and dressed the wound free of charge
- Father brought his son back for dressing changes the next five days with improvement in the wound
Cultural Experience

- On slow days in clinic, we visited patients in their homes who could not make it down the hill
- Post-hospital follow-ups, medication deliveries, end of life visits
- Gave a perspective on living conditions of our patients and their resources

Delivering anti-psychotics to a homebound schizophrenic
Home Visits

Medication delivery

Hospital follow-up
Inside the Clinic
Living Quarters
El Refugio Orphanage
Weekend Traveling

Comayagua historic bell tower

Hiking Panacam mountain
References

www.cia.gov
www.britannica.com
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