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Abstract - Primary and first contact care on a medical support mission to the Dominican Republic

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In recent years, the role of the volunteers in the healthcare sector has had a significant impact in developing countries. In countries where healthcare services are sub-optimal, due to financial or logistical constraints, the contribution of voluntary organisations in 'filling the gap' should not be underestimated. The Dominican Republic is still considered a developing country but is currently undergoing transformation due to its popularity as the fastest growing Caribbean destination in the last decade. However although the coast and major cities are well served by an adequate health care system. Away from these populated areas, for instance close to the Haitian border, villages can be isolated, transport minimal and health care problems substantial. A group of healthcare practitioners from the UK and US volunteered to provide free healthcare services in these rural areas, driving 2-3hours inland every day to set up clinics in the village schools or community halls. In the absence of adequate water supply, proper sanitation and the heat, the local population were provided with consultations, free medicine, gifts, eye testing and educational sessions. The teams local lead ensured government directives were incorporated in care e.g. taking the blood pressure of everyone over the age of 14. Diabetes and hypertension are very common in the DR with diabetes in 8-9% of the population and hypertension at 29-35% with cardio vascular disease causing 36% of all mortality. These were commonly presented at the clinic. Children who are underweight (under 5s) comprise 3.4% but immunisation appears to be a success with 79% of infants under 5 immunised against measles. Poor nutrition has resulted in a high number of underweight adults and children, especially on the Haitian border. Parasite infections due to lack of clean water supply meant that most patients received anti parasite medication or had conditions related to the parasites. Most of health problems in developing countries are very similar to that encountered in the developed more affluent countries. Evidence does show some interesting similarities in long term conditions such as hypertension, type 2 diabetes between less developed countries to the more urban, affluent countries. Myths, lack of education and prevention strategies appear to be a major contributor. However, the main contributing factor of these conditions in developing countries, is the lack of proper water supply.

Working outside the usual clinical comfort zone of health care practitioners (in this case family doctors and nurse practitioners from the US and the UK) enables the clinician to focus on the patient, learn to consider the bigger picture in the health care systems around the world and develop an appreciation of the home systems in which they work.