

Day trip to Cumanayagua

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As we left Cienfuegos, capital city of the province with the same name, I was looking forward to the day trip to the mountains. We were 10 days into our trip, guests of the Cuban government; our official purpose was an international exchange on diabetes.

Two of my research staff accompanied me. We had spent 10 days "touring" the public health care system in Cienfuegos, visiting the faculty of medicine, the general hospital, the ambulatory clinic (housing most specialist services and an observation unit), and several "consultorios" (family doctors' offices). Our guide was Dr Raúl Ruíz de Zárate del Cueto, son of Dr Serafín Ruíz de Zárate who fought with Che Guevara and whom Fidel Castro appointed the first Minister of Public Health after the Cuban Revolution.

Cuba ranks 52nd on the Human Development Index (Canada is ranked fourth), and its gross domestic product is one sixth Canada's.¹ Cuba spends a substantially lower proportion of its gross domestic product on health (3.5% versus Canada's 7.3%).² Despite this, several crucial health indicators in Cuba are comparable to those in Canada (eg, life expectancy, 77.0 years versus 79.6 years; birth rate, 10.0 live births/1000 population versus 11.4); Cubans are particularly proud of the country's low infant mortality rate (6.3/1000 live births, comparable to Canada's 5.2).³ The physician-patient ratio in Cuba is 3 times higher than in Canada.³ Family doctors in Cuba are specialists in "medicina general integrada" (integrated general medicine), which requires a 3-year residency. Each then works and lives

among the 120 families he or she serves.

After an hour's drive we picked up Dra Marlen Sanchez, family medicine specialist and Vice Director of Public Health for the Municipality of Cumanayagua, which has a population of 50987.⁴ A "beaurocrat," she was looking forward to this day following her night on first call. (No matter how far up the



administrative echelons, every doctor in Cuba takes first call.)

On to the Hospital Rural de Crucecita, located in a mountain village that had, perhaps, 50 buildings. The second-year family medicine

resident showed us the wards, 4 beds in total. The hospital is equipped with a laboratory, an x-ray department, physiotherapy and occupational therapy facilities, a delivery room, a dental office, a pharmacy, laundry facilities, and an outdoor kitchen. The hospital's doctor was away on a housecall—on horseback.

Making housecalls is mandatory for physicians in Cuba. According to guidelines, family doctors visit families at home twice a year, checking physical and psychological health and carefully documenting any environmental hazards, infestations or possible sources of infestation, poor habits (such as unsafe food preparation or storage), and other relevant health risks.

Our next destination was the small mountain community of El Nicho. A third colleague materialized en route, emerging from a van carrying specialists—a pediatrician, an internist, an obstetrician-gynecologist, a psychologist, a geriatrician, and a psychiatrist—concluding their weekly visit to El Nicho, population 407.

Four hundred seven persons, approximately 120 families: the Cuban health system deems this number appropriate for a single family doctor-and-nurse team. The road became impassable so we walked the last 200 m to the clinic. Dr José Alberto Iglesias Laviña and the clinic's nurse, Juan Manuel Pérez Rodríguez, have lived in El Nicho for 16 and 23 years, respectively. Each month, 2 medical students come for a 2-week period, sleeping in the clinic's dormitory room (capacity 8). Medical residents also come to El Nicho for rural rotations.

Doctor and nurse live in a small duplex across from the clinic. The pediatrician had seen the doctor's 4-month-old baby that morning for surveillance, offered to all Cuban children to defend the excellent infant and maternal health indicators.

Immunization, vaccination, and Pap test records were proudly displayed: compliance, 100%. In 15 years, only 1 presumed myocardial infarction—fatal—affected a 68-year-old hypertensive man; and only 1 pulmonary edema affected a 94-year-old woman—she survived. Infant mortality was 0/1000 live births for the last 16 years. There had been no obstetric-related deaths among mothers for 20 years; no children had been born prematurely or small for gestational age during the last 5 years.

The clinic's pharmacy is well stocked and provides medicines for free, as needed. There is no insulin in stock; no one needs it. Two aged patients with diabetes receive glyburide and are doing well, and the community's 43 obese people will soon undertake an intervention program coordinated by the dietitian.

A coffee factory operates beside the clinic, employing the local peasants. Does the doctor pick coffee too? Everyone does during the picking season, constituting the "voluntary work force."

Our last stop was a waterfall, and then we had a very late lunch, complete with guitarist singing "Guantanamo" and the hymn to Che Guevara. I was preoccupied thinking about the day and pondering the tenets of family medicine in Canada: the family physician is a skilled clinician; family medicine is a community-based discipline; the family physician is a resource to a defined practice population; and the

patient-physician relationship is central to the role of the family physician.⁵

I was thinking about primary care for diabetes in Canada. If only every patient had an available family doctor within walking distance of their home. If only every family doctor had all national guidelines available on their computer, as this doctor in El Nicho has. If only every patient and doctor had the time to discuss lifestyle and diet. If only every doctor knew his or her community well enough to plan preventive strategies.

This trip to Cuba provided many privileged opportunities to observe the country's health system. We had several opportunities to confirm the 1:400 doctor-to-patient ratio, even in urban areas. We met health workers and patients who were proud of their health system and its achievements despite shortages in medicines and technology owing to the embargo. In return, we brought and donated glucose metres, performed portable laboratory testing, provided advice about research, and promised to return.

In Crucecita, a predominance of males are named Alfred in honour of 2 family doctors (father and son, Espinoza and Espinozita) who delivered many of them over the past 40 years. Dr Espinoza senior is now an internist and a Member of Parliament. As in Canada, deliveries are no longer performed in homes or small hospitals. But unlike my impression of many parts of Canada, in Cuba the tenets of family medicine are alive and well. The prevalence of diabetes will likely remain low, because when Cuba tackles a public health threat (as it has with AIDS), it takes it seriously. A framed poster in El Nicho's clinic quotes Fidel Castro: "No country in the world will have the coverage with regards to public health such as Cuba will have for the population in the cities and the countryside." Cuba has delivered on that promise, and family medicine specialists are key to the system. 🌿

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References

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