

Dr. Heleen Kruip

Medical doctor and hospital manager in San Carlos Hospital, Mexico.

Dr. Kruip was trained as medical doctor in International Health and Tropical Medicine in the Netherlands. Currently she works as medical manager in Hospital San Carlos, Chiapas, rural Mexico. She will present:

Coverage of surgical care in rural Mexico

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How to motivate rural surgeons and organize complex surgical care by campaigns of foreign teams in a peripheral hospital? The objective of the presentation will be to inform about the recent situation and coverage of surgical care in rural Chiapas in general and consequently specifically about the experience of surgery and surgical campaigns in Hospital San Carlos. Chiapas is a southern state of Mexico with about 4 million inhabitants. It is one of the states with the highest degree of indigenous population with low socio-economic resources. The government is expanding its health services; nevertheless the accessibility of the population to health care is low. Reasons for this are poor allocation and organization of health services, corruption at all levels of the national system, discrimination of the indigenous population and remoteness of rural areas.

Rural surgical care is available, but often not 24 hours and not everywhere. Regularly rural surgeons combine several jobs in different places in order to keep being motivated. Recently a new residency has been introduced which is called rural surgery, in which doctors receive a formation that is specified to the rural need and that covers general surgery as well as gynecological and obstetrical surgical care. The objective of this is to obtain more rural surgical coverage. The regional hospitals that are situated in the 2 main cities of the state offer third level surgical care. The health secretary also organizes so called extramural campaigns of third level surgical care in smaller hospitals, in order to improve accessibility to this level of care. My own experience is in Hospital San Carlos, a rural non-profit private hospital run by catholic sisters of St Vincent de Paul, situated in the State of Chiapas. There is a contracted surgeon who works at the hospital in the afternoons and evenings and every other weekend. When this surgeon is not present patients are referred to other hospitals. The principal daily rural general surgery interventions are hernioplasty, cholecystectomy, appendectomy, explorative laparotomy, wound debridements and amputations.

Every January there is a campaign of reconstructive surgery of a team from Wisconsin; every April there is a 2-week campaign of an Italian team, which consists of an urologist, gynecologist, surgical nurses and anesthesiologist. Furthermore there are smaller surgical campaigns of various specialists, which are less continuous. The hospital is looking for more surgical campaigns, with the highest need of urology. Since the hospital depends for two-third on donations, the organized yearly campaigns have to be sustainable. This means that the surgical teams work as volunteers and bring as much material as possible. For the official extramural campaigns the health secretary also provides material.

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