

INSTITUTE OF CURRENT WORLD AFFAIRS

CRT - 2  
Doctor in Cliza

(Cliza)  
Hotel Colon  
Casilla 761  
Cochabamba  
Bolivia  
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Mr. Walter S. Rogers  
Institute of Current World Affairs  
522 Fifth Avenue  
New York 36, New York

Dear Mr. Rogers:

Last night at seven-thirty I knocked on the door of José Ruiz' study on the first floor of the building in which Dick Patch and I are living. José, who is usually called Pepe, is Cliza's resident doctor. He rents two rooms for living quarters which are dark and cold during the day, even colder at night. He calls them his domestic refrigerator. When I entered Pepe closed a thick book he had been reading by the light of a single unfrosted bulb high in the ceiling. It turned out to be a copy of Tratado de Medicina Interna by Cecil and Loeb, originally published in the United States in 1951, translated into Spanish and published in Mexico City in 1953. Pepe explained that it is one of the basic textbooks used in his medical school and, although costing the equivalent of \$21.00, no doctor interested in internal medicine would be without it.

The study was furnished only with two chairs and a table in the Empire style painted blue and gold. Scattered over this desk were papers, prescription blanks, medical journals (mostly borrowed from other doctors since Pepe cannot afford to suscribe to journals at the present time), pencils, books, a speculum and a vintage typewriter ("A family heirloom," Pepe said). The plastered walls, washed a chilly blue, were peeling and dirty, and the concrete floor, a gun metal gray, was seamed with cracks. In terms of rented rooms in Cliza, however, it is considered to be a first-class accomodation.

Pepe is a slender dark man with a bony narrow face in which large eyes and a long nose predominate. His face is serious in repose but quite comic when he smiles. In conversation, as with so many Latin Americans, I was less aware of his facial expressions than of his always eloquent hand and shoulder gestures: a shrug of the shoulders for a question mark, a stab of the hand to end a sentence, a twirling of both hands to express the unity

of a series of ideas, and a slump of either hand to the table to underline despair or frustration.

José Ruiz was born in 1927 in the mining town of Oruro in the Bolivian Altiplano. He went to primary school there but returned to Cochabamba, his father's original home, for his secondary school education, and then entered the University of San Simón in the same city. In 1954 he completed his pre-medical studies and received the title of Bachelor. He accepted a post with the Corporación Minera de Bolivia (the state mining monopoly) in Catavi, intending to take the examinations to qualify him as a doctor able to practice anywhere in Bolivia in June of this year. The student and faculty strike at San Simón in April, however, over the question of university autonomy made this impossible. Since then Pepe has made a special arrangement with his board of examiners to test him this August.

In May last he accepted his present assignment as Cliza's resident doctor for one year. This service will fulfill the government's requirement that a doctor must first spend at least one year in some provincial practice before being certified. There is no law or statute to this effect but in practice provincial service is mandatory. The university can now grant its medical students only the status of licenciado in medicine; the President of the Republic issues the Título de Cirujano, the final seal of approval. If a man has not had some provincial service, this certificate is withheld. Pepe pointed out that in other Latin American republics the university, as is proper, grants the título. He said that one of his friends, now in practice in Cochabamba, had been the butt of jokes made by visiting Argentines who pretended to wonder how the President (an economist by training) had become competent to pass on qualifications for medical degrees. Still, Pepe approved of the requirement of service in a province as being of benefit to both the doctor-to-be and to the rural populations.

When Pepe passes his examinations in August he will be a médico cirujano or general practitioner with surgical competence. If he wanted to specialize in brain surgery or heart work he would have to go to Argentina, Chile or the United States for further training. The sign which he would hang out upon his return would state this additional capability but he would not have to be certified by the Ministry of Health. Occasionally some doctor simply pretends to have had this kind of training and treats accordingly which, of course, means higher fees for him but not so much luck for the patient.

The fact that a general practitioner can operate at his discretion anywhere in the country is a bad situation Pepe feels - "Always good for the doctor, sometimes fatal for the patient."

According to Pepe an almost overwhelming number of problems confront the doctor working outside the cities. He must first manage to get by on a low income (low when compared to the returns from private practice in the city and to the salaries paid by the mining monopoly). Pepe is paid by the government Bolivianos 29,000 a month, which, at the current rate of exchange, is about \$9.50. In addition, the Alcalde of Cliza pays him Bs. 7,000 (about \$2.30) for holding a one day free clinic each week in the nearby town of Toco. Out of this basic salary he has to pay for his room and board, clothing, recreation and equipment. This last proved to be a special drain upon his resources. When he arrived in Cliza he inherited some things from his predecessor, and brought a few instruments of his own purchased during his student days, but he has had to amplify this supply in order to work effectively. Moreover, his pay checks arrive irregularly (which Dick Patch tells me is common in government departments). He has just been paid for the months of January and February and has no idea when the next check will arrive.

He can supplement his salary with fees for home visits but so far this has proven to be a small source of revenue. "If the campesino doesn't stop with a visit to the curandero, then he comes to the clinic which is free. If a home call is asked for (usually when the patient is muy grave, that is, unable to move and most probably nearly dead), one visit is all the campesino wants."

Another general problem is that the doctor has to be a teacher in matters of health and sanitation, which, Pepe feels, is a full time job for a specialist in that area. His time and energy are already fully occupied in medical treatment and yet he has to take time to explain that infection may come from the domestic animals which share a house with many of his patients, that not only is penicillin not a cureall but it may be harmful to the human body if taken indiscriminately, or that certain diseases require a special diet in addition to medication. Aside from the expenditure of extra minutes in these lectures, he often becomes unnecessarily tense and angry when confronted with the living conditions of a patient and finds himself berating both the sick person and his relatives. In one instance he was

called to a home in the case of a delayed delivery. He found the woman lying in her own discharges on a dirt floor liberally sprinkled with garbage and animal dung. He lost his temper, spent ten minutes excoriating one and all, finally induced labor and left behind him a living mother and child. Later, he heard that she had died, which he felt justified in assigning to septicemic infection.

In his daily practice Pepe strongly feels the lack of a local hospital with a laboratory in which to run clinical tests. Although Cliza is the political and social center of the Cliza Valley it has as yet no hospital. The Alcalde is having a building remodelled to serve as such but when it will be completed is uncertain. At present sending a patient to the hospital in Cochabamba or Punata is an additional expense, added time and often impossible due to the campesino's fear of hospitals. Pepe thinks that the latter fear might be minimized if he personally could escort a patient into the hospital, explain some of its mysteries and bolster the patient's confidence.

Medical supplies and pharmaceuticals are hard to get quickly. Ideally the doctor's office should also be a pharmacy of sorts but to acquire a good stock of supplies would require an outlay of capital which Pepe cannot afford.

Aside from these problems there is the whole body of attitudes of the campesino toward sickness, doctors, medicines, treatments and sanitation.

In the first place, one has to reckon with the nature of any illness as defined by the campesino himself and not by medical science. An illness may arise by itself, represent a punishment meted out by the Pachamama (the most important deity to survive from pre-Catholic days) or be caused by witchcraft. Each category demands a different treatment although anyone of the three may find its way into Pepe's office if other resources fail to cure. Generally the curandero is first consulted: he makes a statement as to the category of the illness and administers appropriate remedies. Often he also diagnoses the sickness in medical terms and may apply a drug he knows is used by a doctor in such cases. (The campesino's conception of sickness and disease and the activities of the curandero are fully covered in Dick Patch's Newsletter 16.) This purely folk interpretation of bodily ailments means that the doctor is not automatically

consulted in cases of sickness and it often brings him patients in the advanced stages of some disease. In addition, from the point of view of the general standard of health, illnesses go untreated or may be only partially cured, and the adoption of various sanitary controls is hard to achieve. Pepe cited the case of a man who came to his office with nephritis well advanced. His curandero had treated him for the swellings which the disease produced by tying a rope around his abdomen but even the patient could see that this was not enough. Pepe, as often before, felt himself a court of last resort asked to treat a disease which could be cured only by extensive hospital treatment, and the last not readily available, expensive and feared by the patient.

In the second place, there is the intensity of an illness in the campesino's mind, or, what Pepe called, his culturally inbred resistance to sickness and pain. Symptoms which the medically conscious person would at once take as a sign that a visit to the doctor was in order are disregarded by the adult campesino. Only when he is sufficiently incapacitated in some way does he consider that he is ill and will then seek the curandero's or doctor's aid. By contrast, children are taken for treatment almost as soon as symptoms appear, since the child's body makes a strong response to any disturbance in the organism and a justifiable intensity is thereby present.

In the third place, the campesino has an unwarranted faith in medicines per se accompanied by a belief that one visit to a doctor is sufficient. Injections, tablets and powders are popular and considered to be exceptionally potent. Pepe has found that to avoid disappointment in his patients he must always write out some prescription. Armed with this the campesino goes off, and, in most instances, even if Pepe has asked him to return for further consultation, this is the last he sees of him. A case in point is Pepe's experience with cases of hepatitis, a frequent ailment in this area. One of the necessary measures in treatment is diet control to coddle the liver but the patient and his family rarely bother with this relying instead upon drug administration, nor is the doctor called upon to visit the home from time to time to check on the patient's progress. "If Nature weren't such a good physician despite all this, the Valley would be littered with dead liver patients."

This prescription passion is catered to by the curanderos

who have adopted many of the techniques and medicines of the doctors in Bolivia. A curandero will simply write out his own prescription and the patient will have it filled by some representative of the black market in drugs flourishing in this country, especially in antibiotics. One of the interesting sidelights on this prescription peddling is that a few of the gente decente (the leading citizens) of Cliza practice curing and write prescriptions themselves which has the effect of giving the prescription a special value coming as it does from an educated townsman.

Pepe feels strongly that a strict control over the sale of drugs should be established by the government, not only to prevent the writing of prescriptions by unauthorized persons but also to stop the transfer of adulterated drugs to sick persons.

He said that he has found no satisfactory answer to the problem of having to compete with the curandero. This is the way things stand now and he has to accept it. Someday, however, he hopes never to hear again in answer to his question, "Was the person who treated you a doctor?" the reply, "He knows how to cure but he's not a doctor." (Sabe curar pero no es médico.)

I suggested that it might be an interesting experiment nonetheless to utilize the curanderos, if they could be won over, as points of entry for sanitation and medical practices, paying them a certain salary to replace whatever fees they might lose. Pepe thought that under the present circumstances some such approach might be valid, particularly since the curandero is himself a campesino and knows the local situation well, unlike the doctor who is apt to be a stranger to the area. In any case, he said, it would be foolish to ignore the present body of campesino attitudes and opinions with regard to sickness and its treatment in planning a long range medical and health program.

Pepe then suggested certain steps which might be taken with regard to rural medicine. The Bolivian government should make rural practice more attractive to young doctors by increasing the annual salary and by underwriting the purchase of necessary equipment and supplies with special reference to areas now lacking in hospital and pharmacy facilities. He pointed out that both private city practice and a post with the mining monopoly

give the doctor a good income and in this sense rural areas were in competition with more desirable outlets for the practice of medicine. One advantage, however, is offered to the beginning doctor by work in a rural area. He has to be physician, surgeon, pediatrician, gynecologist and obstetrician all at once since he is the only medical man available. He has to extemporize and often to invent treatments and has to rely solely upon his own knowledge and ingenuity in his work.

There should be an expansion in current hospital and laboratory facilities in the rural areas, both to assist the practicing doctor and also to recognize the fact that the campesino's income is badly strained if he has to travel a long distance to the hospital.

Pepe admitted, ruefully, that none of these things by itself would be of great value without a long range conception and scheme for health and sanitation throughout the nation as a whole, which, of course, would include programs for raising the rural standard of living and increased education. The country in general is short of doctors (the United Nations Statistical Yearbook for 1953 reports that in 1948 there was one physician for every 4800 persons); even scarcer are nurses. He knows that the government has all this in mind but that it is vexed by shortages of money and personnel to achieve its social goals. In this, we came back to the fundamental fact that Bolivia's problems and needs are all thoroughly interdependent and that undue stress upon any one to the exclusion of the others is to beg the issue.

At this point, Pepe was called to attend to the birth of a baby, so I returned upstairs left with the feeling that I had talked with a man of good will who would continue to do the best with what he had at his disposal. Dick told me earlier that the previous doctor in Cliza refused to make home calls and that he was totally uninterested in prophylactic medicine. I thought that the government was doubly fortunate to have José Ruiz in Cliza, both to counteract the impression which his predecessor must have left and to increase the government's prestige in the minds of these rural people who now have the vote for the first time in the history of the Bolivian Republic.

Sincerely,

  
Charles R. Temple