



Montezuma's Revenge and Local Medical Practice



By Eric W. Edmonds, MD

Baja California may be a very different place, but there are parallels between its health care problems and those in our own neighborhood.

AS A FINALE TO OUR HONEYMOON, my wife and I decided to travel to Baja California. She had never been to Mexico and expressed an interest in doing something new and adventurous. Upon crossing the border she was dumbfounded by the signs of poverty and began to feel anxious about the trip.

Our first task was to purchase bottled water at the local licores y farmacia. My bride was surprised by all the prescription medications on the shelf next to the bottles of liquor and she asked about the accessibility of medications in Mexico. I told her that the distribution of medications in Baja is not well controlled and that customers can often acquire whatever they want without a prescription. She contested the validity of that rumor, but by now we had obtained our water and departed.

That night we dined in the finest restaurant we could find - it actually had a completed roof. We shared in the beans, the rice, the lobster and the token sips of margarita. We had a wonderful meal and returned to the resort.

However, the night was far from over. I was soon visited by that feeling that we all dread when visiting exotic locales with poor sanitation. Being married for less than a week and not wanting to wake my bride, I decided not to illuminate my path to the toilet and shuffled forth in the darkness. I was soon spewing forth fluids from both gastrointestinal orifices.

In the darkness I left quite a mess, and once the room was illuminated my bride became privy to a scene that she will not soon forget. Beyond the horror of my organic artwork, she now feared for my safety. She pondered for the next two days - having no desire to sleep after the event - how does one call 911 in Mexico? Are there doctors? Where are they? How do we get back to the United States?

Needless to say, I was doing well the next morning and ready to explore. She on the other hand was ready to go home - thus ended the honeymoon.

Upon telling this story to my family, I realized that there was a connection to be made from my experience in Mexico and a project I had been working on up here in the greater Sacramento area. A few inquisitive members of the Society's Editorial Committee recognized that physicians who practice in South Sacramento, El Dorado and Yolo counties might deal with unique issues specific to their geo-political areas. Thus, retired physician Dr. William Peniston and I were asked to take on a mission to contact physicians in these counties and interview them in order to ascertain what, if any, special issues may concern these physicians.

After interviewing only a few physician members in El Dorado and Yolo counties, it

became evident that they shared concerns not only with each other, but also with physicians throughout our society. Although pertaining to the unique population of their communities, they still had the same concerns of health coverage - access, resource allocation and specialist availability.

Much like Baja California, access to health care is not always easy for the patient. Unable to speak Spanish, my wife would have had a difficult time trying to find a hospital, or a doctor for that matter. In Yolo County, the large migrant farmer community is uninsured, unable to speak English and unable to get access to healthcare. In El Dorado County, there is a large welfare-dependent community that is often neglected and unable to get appropriate care. Both communities share an absence of adequate health coverage and poor transportation resources to obtain the health care.

Another connection with Baja California is a problem with resource allocation. In Mexico, those with money can afford to visit a doctor and purchase medications - luxuries denied those without money. In Yolo and El Dorado counties, the spacing of hospitals, and therefore the medical equipment, makes it difficult for some residents to get adequate care. The medical institutions of these two counties have only a certain amount of money to put toward the community and thus have logistical problems trying to decide how resources will be distributed in the community. It may be a different story but the motif is the same.

A third dilemma, likely the only one specific to the geopolitical areas of Yolo and El Dorado Counties, is the inability to attract and tenure specialists. Psychiatrists and orthopedic surgeons were mentioned specifically, but I am sure that others are included.

Some of you may be saying to yourselves:

"So what? We all have certain populations in our geopolitical areas that are underserved because of access and resource allocation issues. Also, we may have specialists, but they are so booked that my patients cannot get an appointment to see them until next winter. Are we really so different from our neighbors?"

Well, no. That's the point. Whether we work in Sacramento, Winters, Placerville or Mexico, we face the same innate problems with health care - access and resource allocation.

Although all interviewees provided solutions to these problems, one physician's answer was general enough to apply to each of our specific geopolitical arenas. He said that there is a short-term solution and a long-term solution. The short-term answer was grassroots volunteering and financial support of free clinics. The long-term answer was support of the medical societies and government action to provide healthcare payment.

Next time you find yourself plagued by the revenge of Montezuma, or see a patient having problems obtaining healthcare, remember we are the ones that can make a difference in healthcare. Get out there and support your local free clinics and give what you can to those who are in need.

Otherwise, you may be the one looking for health care and be unable to find anything but a bottle of tequila.

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