



Letter from Cuba

Doctors in Havana

Witnessing their complex world

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I am a third-year medical student at Queen's University. I write this from Cuba, a country to which I was drawn because of my ongoing research on its health care system. I have been here for a month, traveling and observing in-hospital. My days in Havana are nearing an end. When I arrived I was a capable Spanish speaker, and I will leave with Cuban colloquialisms added to my vocabulary.

The streets of Havana have become familiar to me, with antique cars we see in old black-and-white films, horse-drawn carriages, and long ice-cream line-ups that extend down the city block. Havana is an enchanting city, full of life and music. It is a place where in the evenings grandparents, grandchildren, young lovers, musicians, and families stroll or sit on the seaside walk against a backdrop of ocean waves and a red setting sun; where men and women sit on city benches in parks shaded by trees, playing dominoes, arguing about baseball, or simply watching the world go by; and where regal colonial buildings stand tall and proud next to crumbling edifices decimated by the march of time.

As I look up at an old building, I see that it is dilapidated. It has chipped walls and bare windows, and its rusted metal skeleton pokes through in some places. I begin to wonder what this building was like in its more glorious years. Was it once important? Was it once painted in bright, decadent colours? Was it a home to people, or was it a place of business? My thoughts are interrupted as something suddenly moves behind a window: a white fan, its blades spinning, offering small respite to somebody in this oppressive summer heat. This building, which just one minute before seemed to me a cement fossil, is now a living picture. One person's flipping of a switch to make the hot air more bearable has completely changed my perspective.

This has been my learning experience in Cuba: making sense of the paradoxes I encounter every day. Oftentimes I feel confused. Cuba is a place of few material things, yet there is an abundance of something more.

Humble practice

I spent a couple weeks shadowing doctors in one of Havana's oldest hospitals. The hospital's atmosphere was pleasant. The halls were open-aired and the cement floors clean, but the hospital itself was humble by any measure. The consultation room had cracked walls, torn sofas with faded upholstery and protruding springs, and an old wooden desk. Basic things like pens and soap were in short supply. The room was unbearably hot; a broken air conditioner sat useless in the wall. One could peer through a large hole in its fan to the street outside.

At first glance the hospital appeared dated, almost as if it were from another time. But after having an opportunity to take a closer look, my perspective changed. In the nephrology department, 50 patients received regular hemodialysis. The machines from China were not the most recent, but they kept the patients alive. In a back room, a water purifier, comprising a series of metal cylinders, provided clean water for dialysis. The machinery was old but well maintained, and it did its job.

The doctors were knowledgeable and, above all, they were astute clinicians. They quizzed me on renal physiology and pathology, and when I was quick to ask for laboratory values, they wagged their fingers. "First, observe," they said. What does the patient look like? What is the colour of the patient's skin and eyes? How does he or she walk? What is the patient's ethnicity?

And so I learned that, in this place of scant resources, doctors had to be critical, resourceful, and sharp. Patients received good care, despite the less-than-ideal circumstances. Nothing was shiny, and yet things worked. And everyone, somehow, got by.

One doctor jokingly held up a telephone book that was falling apart at the seams for me to see. "We are poor," she said smiling, "but happy."

In Cuba, patients respected doctors and accepted their advice almost implicitly. At the same time, the doctor-patient relationship was invested with humanity. Sometimes the ward felt more like an extended family gathering than a hospital. Doctors greeted their patients with kisses on their cheeks. Professional advice was given with the care that one might expect from a friend. Consultations lasted as long as necessary: often 45 minutes or an hour if patients had questions to be answered. One doctor said to me, "Better to educate patients than to have them come back worse off for misunderstanding." Doctors and patients conversed about family and common friends, teased each other, and sometimes even bickered good-naturedly.

Heavy toll

From one perspective, Cuban doctors are noble, stoic fighters on the front line of health achievements that seem impossible for a poor country.

When I think about Cuba, I will always remember Dr Edith. She was a pleasant, confident woman, who could simultaneously counsel and joke with patients. During my first few days in Havana, she invited me to her home for dinner, where I was greeted with a warm smile and a tight hug. Dr Edith lived in a government-provided apartment in

a small 3-storey complex. As we walked up the stairs, we greeted playing children and neighbours watering plants. The apartment was humble; there was a small living space, a kitchen barely large enough for one person, and one bedroom, which, for lack of space, Dr Edith shared with her 21-year-old son. She proudly showed me her collections from all over the world: clocks, paintings, and small carvings from the time she spent as a practising physician in Ethiopia and Ecuador. Dr Edith prepared a delicious meal (part of which she packed for her elderly neighbour) and opened her only bottle of wine, which she had been saving for a special occasion. We shared stories into the

night. She told me about her challenges as a Cuban physician. She made \$30 a month and earned nothing for being on call. She had no car and walked, bused, or hitchhiked to work. She balanced clinical duties with housework and caring for her son. Throughout the evening, Dr Edith answered multiple telephone calls from patients, never ignoring a single one.

Dr Edith was the quintessential Cuban doctor dedicated to a larger social good. But at closer glance the story took on more nuance. The doctors I met were happy because they were educated, capable, confident professionals, providing good patient care. They loved their work, and chose their career knowing fully that it would not pay well. It would be easy to idealize their situation. However, I sensed an undercurrent of frustration from these well-trained, intelligent physicians, who were stifled by barriers to their personal advancement. They felt slighted, and rightly so, when they looked at less-educated hotel porters and taxi drivers who lived in bigger houses, owned cars, and could afford to travel because they worked in the more lucrative tourism industry. Even a beggar could make more than a doctor from being passed a couple of tourist dollars a day. The absurdity seemed possible only in an upside-down world.

I remember finding Dr Edith in the consultation room one day with her head in her hands. She explained that she had been on call overnight, was caring for her ill father, and lacked finances to travel. "I'm tired of this," she said.

Human nature seeks personal advancement—not necessarily financial, but at least the fulfillment of opportunity. The restriction of personal opportunity creates frustration. One doctor confided to me: "We are common people, not individuals, like in Canada."

Many layers

My experience in Cuba was a telescoping of perspectives. I saw a reality of many layers and of much complexity, a world that was fascinating, frustrating, and incredible all at the same time. I do not pretend to understand all facets of

Cuba. I saw only one hospital and spent time with a handful of doctors, yet I know that diversity abounds in Cuba's health care system: hospitals range from ancient to modern with varying levels of resources at their disposal.

Cuba stands alone in what it has created and achieved. It is a poor country that has stayed close to its ideological foundation throughout its development, choosing to invest

in its greatest resource, its people, by focusing on health and education. The result is a well-educated population, which is able to cultivate and enjoy arts, culture, and sport, and a strong and proud populace that is full of life and creativity. In

the same breath, Cuba is what it is because its people are limited in their movement and personal advancement, and an intelligent, restricted population is a frustrated one.

My time in Cuba was inspiring and thought-provoking. I am honoured to have had a glimpse into Cubans' intimate interaction with their health system. Cuba is a beautiful country full of beautiful people, and we in Canada would do well to learn from its experience.

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Competing interests
None declared

