WORLD WIDE MED

GLOBAL PERSPECTIVES ON MEDICAL PRACTICE

DR. BOYD SHOOK, who started going to Nicaragua to provide medical care in 1993, now spends time there two to four times each year. He practices in Bethany, Okla., during the rest of the year.

Dr. Shook recently supervised the completion of a building that will soon become a clinic. Located in Mina El Limón, a village in a remote area of western Nicaragua, the clinic will serve a population of 5,000-7,000 people.

Having visited Mina El Limón many times, he has come to know some of the people well. Manos Juntas, a nonprofit group established in 1997 by Dr. Shook and two of his colleagues (www.manosjuntas.com), has contracted with a local physician who works to maintain continuity of care as much as possible.

In the United States, Dr. Shook practiced internal medicine and hematology/oncology in one- and two-physician settings from 1965 to 1988. Since then he has practiced internal medicine in group settings.

What do you like most about practicing in Nicaragua?

I like the people. They are most grateful for the care that they receive. I went into medicine because I love people and enjoy being of service. The ability to improve the life of someone who is ill is humbling and heartwarming. The need there was great, so the opportunity was wonderful.

I first went to Nicaragua in 1993 with a brigade from a church in Tulsa. To say that it was a life-changing experience would be a serious understatement. I was drawn to Nicaragua by the incredible level of poverty and the need for basic care.

At that time, Nicaragua was the poorest (per capita) country in this hemisphere. The national debt was so high that the country's entire budget was used to pay interest. The median age at that time was 15 years.

Now when I go to Nicaragua, I treat about 100 patients each day. Their illnesses range from trivial to quite serious. I am not the only U.S. physician involved in such work in Nicaragua, but I have no collaborators for my particular effort. At first, I felt the need for more physicians, but I came to realize that I could accomplish something alone, and gradually found strength to operate on my own.

I spend about 30 days each year, including my vacation, on this volunteer ef-

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fort. I am paid well in smiles and hugs. I have been fortunate to be a physician and feel as if my oath of service includes this sort of activity.

How did the project develop?
I helped to found Manos Juntas (the name means "hands together") in 1995. I collaborated with physicians who live in Nicaragua to develop an effective team. It took several years for Manos Juntas to develop into its current structure and to become recognized as a viable charitable foundation. Most of our initial trips were arranged by FUNDECI, a nongovernmental organization in Managua, and the funding was provided by Oklahoma entities.

The new clinic grew after Hurricane Mitch in 1998. The people in Mina El Limón had no water and no contact with medical personnel. We worked in a small building that was in poor repair. I thought that the women in my church might take on the challenge of improving the building. It just grew from there.

An important factor was the dedication to the people that was shown by a couple of local women who begged, cajoled, and threatened me into developing a clinic of excellence. The project has involved the contribution of many hands working together.

What are the key practice challenges in Nicaragua?
The high cost of medications and the lack of laboratory and radiologic facilities to assist with diagnosis are the greatest challenges to providing health care in Nicaragua.

Also, although I have studied Spanish for several years now, I do not speak Spanish well. I can conduct a clinic in Spanish, but still need assistance when I leave the clinic and move into a social environment. But I continue to try.

Dr. Shook and his colleagues are building a new clinic in Mina El Limón, a remote village in western Nicaragua.

What do you miss most about U.S. medical practice when in Nicaragua?
In Mina El Limón, we have less opportunity to use high technology and less ready availability of specialty backup. This is both a blessing and a curse.

What do you see as the main disadvantages of U.S. medical practice?
Ironically, in the United States we focus too much on high technology and the use of specialists. It is almost as if we go from one extreme to the other: In Nicaragua we have almost no high technology, so our evaluations are totally cognitive. In the United States, we order lots of tests and images even when the answer is obvious. The expense to our patients can be a huge impediment to good care.

PHOTOS COURTESY DR. BOYD SHOOK

Dr. Shook treats about 100 patients each day while working in Nicaragua, which he started doing in 1993.

Based on your experience working in Nicaragua, what should be done to improve medical practice and health care in the United States?
We must modify our financial incentives. In the United States, we are paid very well for using things of marginal benefit and underpaid for using our thinking skills. From the patient's perspective, we go for high-tech things of dubious value. The annual income differential between high-tech specialists and low-tech specialists is staggering.

What should be done to improve medical practice and health care in Nicaragua?
Several things would help the overall health of the people in Nicaragua. I believe that this may apply to other countries as well, but I have no personal knowledge of that. A reliable source of potable water is a good starting place.

We need to educate the people about simple and inexpensive methods of handling common problems. Inexpensive medications for common problems also are essential.

Good medical records would help immensely. I have developed a simple, inexpensive, user-friendly, computerized medical record system that allows me in Oklahoma to know what is being done at a clinic in Nicaragua.

If they had access to high-tech equipment, doctors in Nicaragua would love to use it. As in the United States, teaching doctors to use less technology in their day-to-day practices can be beneficial—and such an approach is needed if we want to straddle the health care chasm that exists between Nicaragua and the United States. ■

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