

Evaluación y comparación de la asistencia medica en regiones rurales en Costa Rica

Evaluation and comparison of health care in rural regions of Costa Rica

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No sólo un país llenado de atracciones turísticas como las costas lindas, Costa Rica también tiene otro lado, un de la vida ordinaria de la gente en regiones rurales del país. La gente de estas regiones, como Las Juntas de Abangares en la región Guanacaste, vive en condiciones que se puede considerar insanos y pobres con canales de agua que corren por las calles y, como una turista, usualmente se dice para no beber la agua que los ciudadanos beben cada día. No obstante, el país entero de Costa Rica tiene una esperanza de vida muy alta de 76.6 (lo que los Estados Unidos es 76.4) (“Costa Rica” World Factbook). Con las condiciones menos de perfecto, la esperanza de vida y la asistencia de salud en Costa Rica son impresionantemente muy buenas.

Como Costa Rica no tiene un ejército, se puede devotado más dinero al sistema de salud. En las regiones urbanas como San José, hay hospitales avanzados que compara a los de los Estados Unidos. A otro lado, es más difícil para tener la misma calidad de asistencia médica en las regiones rurales. En muchas áreas hay sólo clínicas pequeñas que no están equipadas con mucha tecnología. En Las Juntas, sin embargo, el sistema de salud es más avanzado que lo que se piensa. No tiene la capacidad para tratar enfermedades graves pero la clínica tiene ambulancias y provee un servicio bueno.

Toda la gente que tiene un trabajo recibe la asistencia médica y los que no son empleados, aún los mineros quienes están independientes, tiene que pagar para la asistencia médica. Hay varios problemas ya con la asistencia médica en las regiones rurales de Costa Rica, como los caminos zarandeados y la falta de doctores: “la falta de médicos especialistas y la pobreza de la zona colaboran para que la mortalidad infantil aumente” (Navarro Leiva 7). Sin embargo, Costa Rica, incluyendo muchas de las regiones rurales, tiene un sistema de salud avanzada para América Central.

As it is impossible to go through a lifetime free of illness and injury, regardless of diet, exercise, or social class, healthcare systems become utterly important and necessary in any society. Healthcare policies can vary greatly between countries and may provide citizens of

different economic class in the same country with varying amounts of coverage. In Costa Rica, the healthcare system operates in such a way as to grant healthcare insurance to every person with a job. In addition, more money can be devoted to the health system in the country because of the lack of a standing army in Costa Rica. As a result, the country has one of the most advanced healthcare systems in Central America; “Costa Rica is the wealthiest and healthiest of the Central American countries, having among the best health indicators” (Cosminsky 2). Also impressive is the life expectancy in Costa Rica at 76.6 years (comparable to that of the United States which is 76.4) (“Costa Rica” World Factbook). The overall health statistics of the country seem to indicate that Costa Ricans generally are a very healthy people.

Although the health of the whole country is very good, there are some areas where healthcare is much harder to receive and is not quite up to the level of care that is provided in major urban areas with highly developed hospitals, such as in San José. In many rural communities there are smaller clinics rather than hospitals, and these clinics are not capable of providing treatment to patients with serious ailments or those scheduled for surgeries. This is the case in such places as Las Juntas de Abangares of the Guanacaste region of Costa Rica, where patients with critical illnesses or problems must be transported to facilities that can offer higher levels of care. As stated by Ms. Elizabeth Pizarro Pizarro, a worker in the Ministry of Health in Las Juntas, there are three levels of care in the health system of Costa Rica (May 30). The first level of care, such as that provided in Las Juntas, is a basic care level. Patients can be diagnosed at this clinic but are then sent elsewhere if the illness turns out to be more complicated than is able to be treated in the clinic itself in Las Juntas. Such secondary levels of care can be found in Liberia (two hours from Las Juntas) and Puntareñas (30 minutes from Las Juntas). Finally, if these places are unable to give treatment, the patient would have to travel to a place providing a third level of care, such as various hospitals in San José. The hospital in Liberia, for instance, does not have a neonatologist on staff (a factor contributing to the high rate of death in newborns

in that region), forcing these patients to be transported to San José; “en Liberia, no tiene neonatólogo, el que había pidió traslado a un hospital de San José” (Navarro Leiva 7). In San José, there is adequate technology and equipment to treat the most serious cases of illness.

Rural healthcare can be problematic since there are usually less people to attend to over a larger distance. Hospitals generally are farther away and many people in these areas are of a lower economic class, thus having less ability to spend money on high quality, private healthcare. Also, the roads in Costa Rica often times can be a major hindrance to ambulances since they are so rough and uneven, especially like the road from Las Juntas to Monteverde for example. Although the two locations are a mere 30 kilometers apart, it takes approximately an hour and a half to get there traveling on a small bus. If there is an emergency somewhere on this road or at a home between Las Juntas and Monteverde, it would be difficult for an ambulance to arrive in a respectable amount of time during a situation where time becomes important. Rural settings depend heavily on ambulatory care and transport time to the hospital or clinic becomes critical (“Health”). Most of the smaller towns and regions seem to have ambulances, as there were two in Las Juntas and two in Santa Elena. In Santa Elena, there were also signs for a physical therapy clinic as well as a dental clinic. Although fairly well equipped, it is hard to provide the people of these areas with excellent healthcare services due to the roads and the small clinics that are unable to treat complex injuries and illnesses.

Compared to other rural regions, the clinic of Las Juntas is capable of about the same amount and quality of care as those of surrounding areas and, according to Dr. Ricardo Diaz Cajina (director of the Ministry of Health in Las Juntas), a slightly better infrastructure (machines and technology) (May 30). In comparison, the infrastructure in a hospital in San Juan has had various problems; “las condiciones de infraestructura del Hospital San Juan de Dios, producen un serio problema de listas de espera de pacientes para ser atendidos en los distintos servicios hospitalarios” (Umana D.7). In addition to the physical aspects of the clinic, Dr. Cajina also

explained the mechanisms of the healthcare system and confirmed that all people who are employed can receive healthcare, therefore making no payments during a visit to the clinic. Such is the case for Carlos Bidilla Chan, who has a pension plan and does not have to pay when he goes in to see his doctor. His wife, Pilar, is also entitled to coverage under his same plan (May 27). Most of the upper and upper-middle classes, however, prefer to see private specialists for many ailments in order to lessen the waiting time, which can be painstakingly long in the public system (Dee Interview, May 31). In seeing these private specialists, though, the patient is not covered and must pay for each visit, which can become very expensive after just a couple visits.

The people who are unemployed and may be in need of healthcare, such as the miners of the community, do not receive healthcare coverage from the government like those who are employed. Many of these citizens do not wish to pay on their own and therefore very rarely enter the clinic. This, as in the case of the self-employed miners, makes gauging the effects of mercury, which is used heavily in Las Juntas in the process of gold mining, very difficult because the miners (who would be most affected by the mercury) do not usually come to the clinic. Mining is a huge part of the history of Las Juntas and the workers believe that using mercury to isolate gold is a perfectly safe practice, not knowing and even denying that the mercury can seep into rivers and streams, causing major health hazards (such as neurologic degeneration) for the livestock and members of the community. Dr. Cajina believes that there are many more cases of health problems related to mercury throughout the area than are reported, but these cases are not on the record since most of the miners do not come into the clinic because they either can not afford it or decide to spend their money elsewhere. Also, the clinic does not have the technology to measure levels of mercury in the human body so there is no way to definitely conclude that any health problems are caused by mercury. Both of these factors can lead to skewed health statistics in the region.

No matter what economic class, the process of a visit to the clinic is very similar to that of the United States, with a few exceptions. Unless scheduling for preventative medicine, as in cases of pregnancy, hypertension, and diabetes (for which appointments can be made several months in advance), the patients must go into the clinic for an appointment on the day they are ill. The clinic is open from 7am to 4pm for appointments and always remains open in the case of emergencies. On average, an appointment, from the time walking through the clinic door until getting a prescription at the pharmacy, takes somewhere between one and three hours, according to Ms. Elizabeth Pizarro Pizarro (May 30). The process of a doctor's visit is about the same as that in the United States; the consultation with the nurse who takes blood pressure followed by the evaluation and diagnosis of the doctor. The patient usually only sees a doctor during a visit for about 12 minutes because, throughout the day, the eight doctors who work at the clinic in Las Juntas may see four people in an hour on average. Dr. Cajina also mentioned that there are 2034 people per doctor in Las Juntas, which is a much better patient to doctor ratio than some other countries in Central or South America. Peru, for instance, has approximately 100,000 people for every doctor (Dr. Cajina Interview, May 30).

The healthcare in general in Costa Rica, and specifically in Las Juntas, surpasses most of the countries in Central America. Despite the stereotype of bad drinking water, only 4% of the population in Costa Rica does not have access to safe drinking water. Also, 91% of the children are immunized against TB and there are only 5.49 cases of AIDS for every 100,000 people ("Human"). More specifically, the health in Abangares for the year 2000 shows good health statistics as well. Abangares (which is in the Guanacaste region of Costa Rica) is composed of four districts; Las Juntas, Sierra, San Juan, and Colorado. Out of these regions, Colorado and Las Juntas are the only ones that have clinics. The clinic of Las Juntas seems to be larger, as there are eight doctors in Las Juntas while only two in the clinic of Colorado. These two districts and the Sierra district also have an EBAIS, which is a smaller scale clinic. Furthermore, the town of Las

Juntas has a Ministry of Health directly next to the clinic, at which both Dr. Cajina and Ms. Pizarro work.

The Abangares region as a whole has good immunization statistics and fairly low incidences of disease: 0 cases of AIDS, 18.4 cases of Meningitis, and 43 cases of Hepatitis per 100,000 people were reported in the year 2000 (“Indicadores” 120). There were also a mere five mortalities due to car accidents. This is a seemingly impressive number considering the difficulty with which ambulances have to drive from town to town on the rocky roads. When examined more closely, however, the low number is understandable because there is only a small fraction of the traffic in Abangares than that seen in the United States or in urban areas of Costa Rica, such as the capital San José. Therefore, if there is less traffic throughout the region, there of course would be fewer incidences of car accidents.

Even with the impressive health statistics, Costa Rica’s healthcare system, as the healthcare in most other countries, can still be vastly improved, as stated by Dr. Cajina. He believes that healthcare in the country is good since most people are covered and can receive care, but the system of course is not perfect. Compared to the United States the overall system in Costa Rica is much more community based. There are not, as in the United States, many different insurance companies competing solely to bring in as much profit as possible. In Costa Rica, a person either has healthcare or does not, and there are no choices as to different companies. Dr. Cajina views this as one of the positive aspects of this healthcare system. Health in Costa Rica is considered to be a public service for the people whereas in the United States it seems to be almost the exact opposite, with everyone out for themselves.

Before 1995, a biological model of healthcare had been implemented and utilized in Costa Rica. In this type of model, as explained by Dr. Cajina, a patient becomes ill and goes into the clinic to get treated and receive a prescription if necessary, and then the patient leaves again. This method may be useful in helping people who have already become ill but it does nothing for

society in preventing illness. People may be unaware that some of their everyday activities could have a negative effect on their health. Therefore, rather than ceasing these activities, the people of the town, who probably do not connect a headache or illness with a certain activity during the day, can continually be getting sick because of unhealthy ways of life. Because of this, Dr. Cajina is a huge advocate for a newer model of healthcare, which was employed in 1995, called the integral model.

Although Dr. Cajina believes the integral model still has a long way to go, it surpasses the biological model in its method of care. Ideally, in the integral model there is a much more proactive approach to healthcare and preventing illnesses before they arise. Doctors must go out into the community, into the workplace, and into the schools to promote healthy ways of life and educate and inform the community about illness and disease and ways to prevent them from occurring. This method of healthcare gives knowledge to the people of the community in order to keep themselves well by implementing a healthier lifestyle. A proactive stance on healthcare can better the well-being of the community by giving the people living there more power and control over their health. As opposed to a problem based system where people simply come in to the clinic when they are sick, get medicine and then leave, this proactive approach is meant to prevent the illness altogether. As Dr. Cajina mentioned, the integral system that is in practice in Costa Rica is not nearly up to this ideal level, as there is much to improve as far as getting doctors out into the community and taking an aggressive position in preventing illness, but it is an advancement on the previous biological model.

Despite the flaws in the practice of this type of healthcare system in Costa Rica, the people of the country as a whole, and in Las Juntas, are generally very healthy. On average, the diet in Costa Rica is much lower in fat than that of the United States, consisting largely of rice and beans. Also, people mostly walk or ride bicycles rather than using automobiles, and there is much less traffic in these rural regions than in the United States. If there is an injury or illness,

the rural regions such as Las Juntas seem to be fairly well capable of handling most cases and giving quality care to the patients. This shows a vast improvement from a few decades ago: “In the early half of the 1970s, Costa Rica had developed health services in the cities, but did not have any in the rural areas” (Vargas). From that time until the present, regions such as Las Juntas have implemented health services in clinics in the town and have provided ambulatory care for the people of the community.

The presence of rural healthcare is important since all citizens are entitled to the same quality of service and care no matter where their place of residence or economic status. According to Sharon L. Larson et al, “there has been research that suggests rural residents have less access to health care services than residents of more densely populated areas” (1998-2000: pg 9). Healthcare can be extremely challenging in rural areas, especially considering the vast amount of territory ambulances need to span on rough roads, but the clinics in at least some of the rural regions, like Las Juntas, have successfully found ways to give the majority of the members of the community an opportunity to receive at least some type of care when they are ill or injured. Though these types of clinics may not be able to perform surgeries or deal with complicated health cases, they can give people a basic level of healthcare, thus taking care of the most common ailments of the people of the town and surrounding areas. The quality of healthcare provided throughout the rural areas of the country is impressive for a third world nation, one that is surrounded by other countries struggling with health issues.

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