

A US Patient in Havana: Health Care the Cuban Way

Deborah Kirkland MPH

As a nurse and doctoral candidate, I learned from my research in and about Cuba that the country has an international reputation for having an excellent health system, providing universal care for its citizens, with major indicators—such as life expectancy—rivaling those of industrialized countries, including the USA. Little did I know that I would be accessing this health care system myself.

Prior to my September 2018 trip to Cuba, I visited my primary care physician who referred me to a gastroenterologist for chronic gastrointestinal symptoms. After approval from my insurance company, the specialist conducted high-tech procedures, including a colonoscopy, esophagogastroduodenoscopy and abdominal CT. All tests came back negative. I left the specialist with no diagnosis or treatment, other than advice to follow up with my primary care physician. My insurance covered my medical expenses, but I was responsible for fairly substantial co-pays. I departed for Cuba, relieved that nothing had been found, but still perplexed about the cause of my symptoms.

When I started getting sick in Cuba, I treated myself with over-the-counter medications, as I had been doing at home. By the following week, this was no longer working, and Frank, owner of the house where I was staying, took me to the emergency room (ER) at Clínica Central Cira García [a fee-for-service and insurance-based hospital serving foreigners—Eds.]. Laboratory tests were performed and I was diagnosed with acute gastroenteritis; I was given intravenous (IV) fluids, medications and a detailed instruction sheet, including dietary restrictions and suggestions. Frank assumed responsibility for me, brought me food and fluids from my instruction sheet and counseled me to trust the doctor and the treatment.

Over the next two days, my health deteriorated; I went back to the ER and was admitted to the hospital. As I got set up in my new quarters, the admitting doctor assured me he would take care of me. I received continuous IV fluids and got plenty of rest. The next morning I was able to shower and was taken for a chest x-ray and abdominal ultrasound, then back to my room for breakfast. I was impressed by the seamless coordination of these steps, scheduled for my convenience, and I received the x-ray and ultrasound in one trip out of my room. I could see that my hospital care was based on medical science and focused on meeting my basic needs for rest, comfort, hygiene, nutrition and safety. My food in the hospital followed the same guidelines as the initial diet I was given. I was checked on often, my blood pressure was monitored, and I was given medications to treat my elevated blood pressure and to calm my gastrointestinal tract.

I responded to the treatment immediately and, though weak, steadily improved. The admitting doctor also diagnosed gallstones, something that wasn't detected by the analyses performed at home. My symptoms abated and I was discharged a few days later. My hospital bill was covered in full by the Cuban medical insurance included in my airline ticket.

Although this hospital may be more efficient, with shorter wait times than those serving the general public free of charge,

this experience provided me an inside look at Cuba's health care philosophy and the quality of medical training [All doctors working at Cira García are educated in Cuba—Eds.]. Before I became ill, I had visited a *consultorio* (neighborhood family doctor-and-nurse office), a polyclinic (multispecialty primary care center to which several consultorios report) and a major public hospital, as well as the Latin American Medical School, which trains foreign students from over 100 countries, including some 200 from the USA. Since my illness, I've had time to think about the differences between Cuba's system and that of my home country. What I've found is that Cuba's approach to patient care compares favorably to that of the USA. The model combines a holistic approach to medical science, as well as modern technologies, to diagnose and treat.

I was particularly struck by the way health care operates in Cuba. First, my new friends and colleagues were so helpful in my time of need, and I consider them vital to my care and recovery. People in Cuba are naturally interested and willing to help out—in fact, it is standard hospital care for each patient to be accompanied around the clock by at least one family member or friend. All the Cubans I encountered believe in health for all and were clear on both the importance of prevention and following medical advice.

Health professionals employ many strategies for conveying concern, including the caring touch and small gestures of helpful assistance. Examples of caring may be found in US hospitals to be sure, but, as a nurse, I can attest to the pressures and time constraints that limit simple acts of caring. Health care in the USA can also be a piecemeal affair, dependent on insurance coverage and technologies; it's very high tech, but often low on human interaction and expressions of caring—areas where Cuban health providers generally excel. In the US, health care often depends on the patient's level of insurance and/or ability to pay out-of-pocket expenses, since no insurance pays 100% of costs.

In Cuba, medical care includes a comprehensive diagnostic approach, focusing on physical examination and the most likely causes of illness. In my case, I would have seen a specialist if my symptoms hadn't responded to treatment, but the admitting doctor took it upon himself to rule out the most common causes of symptoms and provide medical care—from dietary choices, to fluid replacement and appropriate medications to treat my acute gastroenteritis—as well as social support to get me on my feet again. I experienced the best care during a difficult episode of my life, away from family, in an unfamiliar country; I wasn't even able to communicate very well in Spanish. So I am particularly grateful that I was in a country so well equipped to meet my needs. Not only did the insights I gained help me recover, they will also considerably enrich my ongoing research into Cuban health care. 

Submitted: December 5, 2018

Approved for publication: January 20, 2019

Disclosures: None

Correspondence: dkirkland07@gmail.com
