

Medical Shadowing in Spain  
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I studied abroad in Salamanca, Spain three years ago, so arriving in Madrid felt simultaneously foreign and familiar. I was thrilled to be back in the country I once called home for 4 months. I love the novelty of traveling abroad – the chattering of different languages reverberating in my ears, getting lost in the narrow cobblestone streets, and the cultural exchange of meeting diverse groups of people.

I spent my first week in Madrid shadowing 2 doctors who both specialized in pain management yet took very different approaches in treating pain. The first was in private practice and who has been trained in both allopathic and alternative, homeopathic medicine. Since this was my first time shadowing a homeopathic doctor, he took a completely unique approach to treating his patients, as he did not prescribe any Western medications. He was very knowledgeable and made diagnosis based on a thorough patient history, physical exam, and lab values; however, his way of treating these problems was completely different. He used software to type in symptoms, and the program would come up with a list of homeopathic medications that were best suited for those symptoms. Instead of prescribing Western medications, he taught stretching exercises for patients with musculoskeletal pain, although I have seen doctors here recommend strengthening exercises for pain as well. He really focused on proper technique for these exercises and would do the exercises with the patients. He employed a French mesotherapy technique called nappage to manage pain, which involves using a needle to inject medication superficially into the skin multiple times and closely together. He also utilized Eastern medicine techniques such as acupuncture and cupping. I was familiar with these techniques because I am Chinese-American, but I had only seen Chinese doctors use these techniques prior to shadowing him. In our Behavioral Science class last year, we learned about certain cultural medical practices such as cupping, and I was surprised to see it practiced by a doctor who had Western medical training. Homeopathic and alternative remedies seemed to be fairly common. We also learned that societies that are more community-oriented rather than individualistic tend to view their health more holistically, which may explain the popularity of alternative medicine in the more socialistic Spanish society.

His patients loved him and often said that he was the only one who was able to alleviate their chronic pain. He saw a huge variety of patients of all ages with different ailments. His practice was small, as his only employee was his nurse and secretary, but he still had a lot of resources, as he offered EKGs and spirometry at his practice. The main differences that I noticed were the amount of time he spends with his patients and how money did not seem like a huge concern for him. For first-time patients, he often had a 2-hour initial meeting with them to truly get to know them as individuals. In Spain, a typical doctor's visit for the uninsured seemed to be around 50 euros or 65 dollars. However, he said that

he has seen some patients for years who have never paid him, which is unheard of to me. He thought that patients should be able to pay what they could afford for medical care. Though his way of treating patients was new to me, I admired his compassion and careful attention to detail, which are important skills for a doctor, regardless of the type of medicine practiced.

That week, I also shadowed a Physical Medicine and Rehabilitation resident at Hospital Universitario La Paz in Madrid. The hospital was built around the end of the reign of dictator and General Francisco Franco in the 1970's, and the facilities there reflected its age. Despite this, the quality of care seemed high. When I was shadowing him, he was working in the traumatology emergency department, and the vast majority of his patients presented with back pain. For almost all of them, he sent them to get an x-ray and prescribed them medication and sometimes a cortisone shot. Each patient visit was brief, lasting only about 5-10 minutes. Since Hospital La Paz is part of el Sistema Nacional de Salud, or the Spanish National Health System, virtually all Spanish citizens can receive free health care with no out-of-pocket expenses, except for prescription drugs. Still, medication is significantly cheaper in Spain than in the United States. However, patients did sometimes abuse the system. The doctor said that while he was on call, a patient once came into the Emergency Department at 5am because he had mild pain in his finger. I was reading a sign posted in the room with a few key points on how to practice. One that particularly struck me stated that physicians should not penny pinch when it comes to caring for patients, which serves as an important reminder to maintain quality of care during this time of economic crisis in Spain.

The following week, I shadowed a general surgeon at Hospital Universitario Marqués de Valdecilla, another public hospital under the National Health System. This hospital was much newer than Hospital La Paz and also used Electronic Health Records. His schedule seemed pretty typical for a surgeon – I attended talks, rounded on his patients with him, and of course, observed surgeries. Interestingly enough, I attended a talk by a doctor from the newly-established University of South Carolina School of Medicine in Greenville. His patient follow-up appointments were brief, with one scheduled every 10 minutes. However, this seems fairly comparable to surgical follow-up appointments in the United States. I had never shadowed a surgeon before, so shadowing in the OR was very exciting for me. I saw an ileal resection, a cholecystectomy, a buttock reconstruction, a hemorrhoid removal, and perianal fistula repairs. The atmosphere in general was extremely relaxed, and there was friendly chatter as the radio station played over the loudspeaker.

The doctor had spent a year at Massachusetts General Hospital, so it was interesting to hear his opinion about the differences in health care between Spain and the United States. He said the main difference was that, in the US, there was a lot more bureaucracy and nurses and staff who help with time-consuming tasks such as discharging patients and research. However, in Spain, he said that the doctor does all of that and has to sift through all the paperwork, thus not giving them enough time or manpower to do research. This was evident as he rushed

around to discharge just one patient, whereas in the US, nurses or PAs would be often responsible for discharging patients and doing paperwork rather than the physicians. I have also seen the discrepancy that he talks about as I shadow here in the US. There are many nurses, PAs, and research staff to assist physicians here, which is a luxury that many do not have in public Spanish hospitals. I also rounded with the surgery residents, who were all very patient and willing to help, especially with medical jargon I came across while reading the patient charts. Many of them were learning English because they hoped to come to the US for their last year of residency. I asked the residents if there was typically a long wait for surgeries in the public system. She replied about a month for less urgent cases, around 2 weeks for a tumor, and almost immediately for more acute problems such as appendicitis. Although 2 weeks may not have seemed long for her, I shadowed an oncologist once who had the patient schedule a lumpectomy for the next day, so I suppose “a long wait” is relative. I imagine they have to prioritize the urgency of each case, so the wait may not have been as long for a metastatic tumor, for example. The residents typically worked from 8am to 3pm (when Spaniards usually eat lunch) and were on call two to three times a week. Though doctors in Spain get paid less, with pediatricians making around 60,000 euros annually (\$78,000), their lifestyle is appealing. Medicine is much more casual, and everyone, including other medical staff such as nurses, seem much more relaxed and happy. Doctors seemed to be highly respected. He asked a patient for consent for a procedure, and the patient replied, “You can do whatever you feel is best for me. I have all my faith in you.”

During my third week, I shadowed two private practice physicians in Family Medicine. The first practiced at two different clinics, one in conjunction with a dental clinic as well as his own private clinic. Many of the patients had conditions that we had learned about this past year, so I was excited to see manifestations of these in patients. He was patient and went over all the lab results with me, values that I am gradually learning to decipher. His practice was very bare bones, relying on a thorough interview, a physical exam, and lab results, which was refreshing in this age of technology, when we often forget about the importance of patient interaction. When I asked him how his typical schedule looked, he told me that patients usually called him the day before or walked in. He said that it was difficult to plan in advance because we were in Spain, after all. Though this may have been unique to his particular practice, it did reflect the generally relaxed attitude of the country.

Finally, I shadowed a general practitioner at the private Clínica San Carlos in Dénia, which was my favorite shadowing experience. He practiced Family Medicine and truly saw a little bit of everything, making every day different and unexpected. He typically rounded in the inpatient wards in the mornings and had outpatient clinic in the afternoons. He was a phenomenal teacher, very encouraging, patient, and able to explain things very precisely. He likened the sound of pulmonary edema through my stethoscope to “footsteps on freshly fallen snow,” and as soon as I heard it, I understood exactly what he meant. Interestingly, he noted that, in the United States, doctors are much more

aggressive in their treatment of conditions such as hypertension, prescribing statins in cases when doctors in Spain typically would not. Many of his patients also had illnesses we had learned about, and I was thrilled to be able to apply to my knowledge to actual patients. I looked up to him and hope to be able to teach and inspire future physicians as much as he did for me. He also arranged for me to see a laparoscopic inguinal hernia repair, and I was amazed by the surgeon's dexterity, wielding the laparoscopic instruments as if they were his own hands.

My time in Spain has been an unforgettable learning and growing experience. I improved my Spanish abilities, learned about the art of practicing medicine, and honed my clinical skills, which will all undoubtedly be useful as I proceed in my medical education and career. Thank you so much to the Brody Family and Foundation for making this incredible experience possible. I am eternally grateful for all the invaluable opportunities this scholarship has opened to me.



In hospital scrubs after shadowing in the OR.