Renal Politics

Finding Dialysis Care in Mexico
Neither fiesta nor siesta

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"He's not eligible for Medicare or Medicaid," the social worker reported to the young nephrologist. "There are no public funds for him anywhere."

The kind doctor looked at her patient, in his early 20s, as his dark brown eyes pleaded with her. "Please help me."

"Can he get help in Mexico?" she asked the translator, who spoke to the patient in Spanish.

"He says if you send him back to Mexico you are sending him away to die," The doctor looked at him again.

"There ought to be some help for him somewhere," she cried.

This scene is probably repeated countless times in countless emergency rooms across the United States. Although more common in the Southwest, it is also seen as far from the Mexican border as Wisconsin, Connecticut, and Oregon.

According to the 2000 Census, there are between 8 million and 11 million illegal immigrants in the United States. By all estimates, this figure is going to increase over the next decade. Census Bureau statistics show that 700,000 to 800,000 new illegal immigrants were settling in the United States during the late 1990s. Although there are no official records of how many illegal Mexican nationals have end-stage renal disease, virtually every nephrologist in the country has, at one time, responded to an emergency room call to attend to one. Untold thousands of dialysis clinics have struggled with the ethics of turning away an illegal Mexican national desperately in need of dialysis.

Most nephrology professionals in the United States know little, or have very wrong ideas, about dialysis in Mexico. This is partly because they hear about conditions from illegal immigrants who present at emergency rooms and dialysis clinics seeking medical care. Because they are desperate, some of them may not be completely honest and tell doctors and nurses there are no dialysis services in Mexico, or that the services there are only for the wealthy.

While there is a great need for adequate government funding of dialysis, there is good dialysis available to all in Mexico. There are some differences in the programs, but different does not mean poorer quality.

The following is a brief description of dialysis services in Mexico:

• Dyta Diálisis

According to Victor Finkelsstein, director of the Dyta Diálisis Clinic in Guadalajara, Jalisco, the second largest city in Mexico, there is excellent care available at his clinic and many others just like it.

"Certainly we welcome American tourists here," he said, "but that is not our primary responsibility. Our responsibility first and foremost is to our citizens."

While it would be best for people to be prepared for dialysis in advance, most people in Mexico, as here in the United States, receive little pre-ESRD care. For this reason, there are two phases of care for ESRD patients in Mexico.

The first phase, immediately after diagnosis, is hemodialysis. HD is offered to patients only briefly. This is because it is extremely expensive in Mexico, as everywhere else. As soon as they are medically able, patients have surgery for the placement of a catheter for peritoneal dialysis.

The second phase of treatment is continuous ambulatory peritoneal dialysis. The majority of patients with ESRD in Mexico are on CAPD. This is because it is much less expensive.

During the first phase, the dialysis clinic administrator, the physician, or the clinic social worker will contact some of the agencies listed below on behalf of their patients. Because HD is temporary, it is much easier for renal professionals in Mexico to find financial assistance for their patients.

• Instituto Mexicano de Seguro Social
The Instituto Mexicano de Seguro Social, or the Mexican Institute of Social Security, pays for dialysis just like Medicare pays for dialysis in the United States. However, like Medicare, patients must pay into the system before they can apply for benefits. But, most illegal Mexicans in the United States have not paid into either, the IMSS or Medicare.

• Instituto de Seguro Social de Trabajadores
This is an agency for government employees or others workers in professional careers. When Mexican nationals say that medical care is available "only for the wealthy," this is the system they are usually talking about. It is rarely available to illegal Mexican nationals in the United States, as most people who come into this country illegally from Mexico are not professionals.
• Sistema para el Desarrollo Integral de la Familia
This agency, called DIF, is a state program for general medical care for the entire family. It can help those patients on HD during the short time between diagnosis and self-care on CAPD. Each major city in Mexico has a branch office of DIF. It is not readily available in rural areas, but people who live in these areas are used to going to the big cities for most of their needs.
• Fundacion de Hospitales Civiles
The “hospital civil” is comparable to the county hospitals throughout the United States. Like the county hospitals, they provide services without regard to ability to pay. If people are able to pay, or have some source of income, they will be expected to pay, as they are here in the United States. However, if people are not able to pay they will not be turned away.
• Hospital de Secretaria de Salud
These are state-maintained hospitals. Each of the states in Mexico has one of these hospitals in the major cities. These hospitals are specifically planned to provide services to the poor and most will provide dialysis services.
• Ayuda y Servicio, A.C.
This is a private agency located in many cities across Mexico. Its funds are limited, but they are frequently willing to help patients with the short-term expense of HD.

Worthy of note is very few nephrologists in Mexico have a private practice. Most work for IMSS, ISSSTE, or state or “civil” hospitals. For this reason, physician services are covered by the state and seldom require additional charges to the patient.

Granted, Mexico is a poor country, and dialysis is an expensive treatment, but social workers in Mexico are just as dedicated and resourceful as social workers in the United States, and they work diligently to find funding for their dialysis patients. Clinic managers are just as concerned for their patients in Mexico as they are in the United States. The main thing that keeps illegal Mexican nationals from returning to Mexico for services is that they simply do not want to go back.

References
1. United States Bureau of the Census, 2002
2. Obrador, GT. Differences in dialysis/transplantation: U.S. and Mexico. presentation, National Renal Administrators’ Association’s Spring Meeting, Cancun, Mexico. May 8, 2004
3. Flachstein V; Personal communication. July 2004