

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

One of the most striking parts about ENT in South Africa was the health provision available and presentations of patients. There were many patients with bilateral tympanic perforations because the patients had had repeated chronic otitis media and effusions for which they had not been treated for. In the UK the patients would present much earlier with hearing difficulties and would be fitted with a grommet. Patients in South Africa present much later with perforated tympanic membranes and therefore require tympanoplasties, often bilateral. Another disease presentation which I was surprised by was the advanced cancers as I saw more patients in Cape Town than the UK with oral cancers that had spread quite extensively. In the UK it is very unusual that patients present this late. Additionally many of the patients in Cape Town had HIV/AIDS that was not well treated and it would complicate their presentations.

One of the surprising things about the ENT health system in South Africa, was that the government hospitals that I spent time in were providing very good medical care which was comparable to what I had seen in the UK. The waiting lists were approximately the same for some surgical procedures and only slightly longer for others. The surgery was advanced with extremely experienced surgeons and the instruments were equal to the UK in the major teaching hospitals, except that some were replaced less often. In the outreach clinic the instruments that were used were older and some of the anaesthetic equipment was not as standardised or good quality. One example was that they used suppository paracetamol in children instead of IV paracetamol because it was much cheaper and IV was not available. There appeared to be more recycling of instruments in surgery and less septic control for example they did not have covers for the lights for when the surgeons moved them. There was also a less efficient file system and it seemed that patient files were commonly misplaced. Also, when one of the glass windows broke on the theatre door, colleagues there had very little concern for health and safety and did not clean up the glass very effectively or attempt to cover the window to prevent further broken glass for injuring someone. The government in South Africa does not have enough money being put into the correct places and as a result the health system is suffering. Less than 10% of the South African population contribute towards their economy and poverty is rife. It was interesting to learn that for many patients that came to the government hospital, one of the most difficult factors of their medical treatment, particularly for children, was coordinating logistics such as enabling them to travel to the hospitals and for their parents to get time off work. This was particularly problematic if they had to travel back and forwards from the hospital. Some patients would travel from very far and as there was limited public transport they would have to get up extremely early and if buses were full and that was the only bus, then they would not be able to attend their surgery or clinic appointment, through no fault of their own. Also people missing a day of work would be very damaging for some individuals.

Another part of being in Cape Town that I found extremely surprising was the load shedding that occurs. This is when certain areas of the city have their electricity switched off for a couple of hours because the country has no electricity. This would happen every couple of days during some periods and would mean that the traffic lights and street lights would be off. I found this quite dangerous especially with the level of crime in Cape Town and it was obviously very inconvenient to daily life. All the hospitals in Cape Town had electricity but the security electricity was down on the campus, which included the security gates and the onsite accommodation. This was concerning for safety especially as it was very dark. However despite this the people in Cape Town had learnt to adapt to

this problem of loadshedding and in restaurants they had special load shedding menus and everyone drove relatively safely and slowly at traffic crossings when there were no lights.

I was fortunate enough to assist in surgery and perform many ENT examinations on patients in clinics, including learning nasoendoscopy. The teaching we received was excellent and I was surprised by how much better it was than in London. Doctors took time to introduce the patients to the medical students and then spent about 10 minutes discussing each patient. Fortunately all the patients were willing to have this and were very accepting of the fact that students needed to learn. I also really enjoyed going to the outreach clinic with an ENT consultant, registrar and anesthetist. During the 2 hour journey I was able to talk to them about their specialities and valuable questions about the health system then during theatre I was given the opportunity to intubate patients, including paediatric patients which I found extremely interesting. Unfortunately most of the surgery itself was microscopic and they had no video screen in the rural clinic and I did not assist. Nonetheless the surgeons explained the procedures in detail and I was given opportunities to look at the procedure through the microscope view. When talking to the ENT surgeons about a career in ENT they were very positive about it and the consultant even said "i love it" however he also said that he would not let his daughter go into medicine! I liked that ENT has a good balance between medicine and surgery. In ENT clinics the doctors see a very wide variety of patients with problems varying from cancers to allergies and voice problems. I liked that ENT covers the nose, ear, and throat which are in themselves very specialised but also have much overlap. Doing nasoendoscopies in clinic to see the vocal cords and nose was very interesting and I also liked that the clinics were very clinical and hands on with many different instruments including cameras and suctioning of the ear to remove wax sometimes brought some immediate relief to the patient. The patients were also very varied with children and adults. I attended a clinic at the Red Cross Hospital and during this time I realised how difficult it can sometimes be working with children. Previously I have been attracted to the prospect of working with children in ENT but when I was at the Red Cross Hospital I saw some of the challenges the doctors face and how many of the children had very similar conditions required grommets or tympanoplasty. This made me less keen to work predominantly with children.

I have come away from Cape Town being impressed with their health care despite the fact that they are short of resources. The doctors are very experienced and knowledgeable and teaching is a big priority. As a result I would like to return to Cape Town in the future to potentially work for a year or so there in ENT.