

ELECTIVE (SSC5b) REPORT (1200 words)

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

1) What are the common Paediatric conditions in Kenya and how do these differ from the UK

Paediatrics is a field of medicine that I have always been fond of and thus was very excited to complete this elective. I had complete prior SSC's in paediatrics so was keen to make comparisons. One thing that became abundantly clear was the epidemiology of paediatric conditions. In the UK, common conditions seen included respiratory conditions such as bronchiolitis, viral induced wheeze and exacerbations of asthma. Where as in Kenya, it was clear tropical diseases predominated such as malaria, as well as conditions commonly seen in the afro-Caribbean population such as sickle cell disease. HIV unfortunately is still quite prominent, and although treatment is available, it remains one of the highest causes of mortality in Kenya alongside diarrhoea, malaria and pneumonia (vso jitolee 2015). I feel that something that will still stick with me when comparing the conditions in the paediatric population in Kenya with that of the UK, is the huge impact that malnutrition plays in Kenya. I did not expect to witness death because of diarrhoea in this day and age. However, due to the social and economic situation in Kenya, this is unfortunately not uncommon. HIV for example has an impact on the immune system, making the child prone to infection, again giving rise to illnesses such as diarrhoeal illnesses which can contribute to severe malnutrition and ultimately death. I can also recall studying about malnutritional states such as kwashiorkor and marasmus in a PBL in year 1. Kwashiorkor is defined as a condition of malnutrition as a result of protein deficiency. Within the UK signs of this condition is not seen, however, in Kenya I was able to see patients with gross ascites and palpable hepatomegaly in many them. The most important difference of note is the fact that a lot of these conditions are considered manageable in the UK, whereas in Kenya, these conditions are fatal.

2) Describe the pattern and organisation of health provision in Kenya compared to the UK

When comparing the pattern and organisation of health provision of Kenya and the UK, there are similarities in terms of what they are trying to achieve with regards to the populations health. Unfortunately, although the similar principles are being applied, huge differences in the social and economic climate of the countries creates a vast contrast in health provision. This is due to obstacles such as inadequate health care worker training and lack of or insufficient transportation systems. This creates a divide between the social classes with regards to receiving care in a timely fashion. However, in emergency situations this divide is combatted in the clinical setting due to prioritisation. However, this is counteracted by the fact that there is a lack of or insufficient transportation systems, resulting in those with no other means of transport being unable to seek health care. Whereas, in the UK, the NHS is supported by St John's ambulance which can be seen as our bridge to this potential divide in health care provision. Although, St John's ambulance is available in Kenya, this is a private service and can only utilised by those who can afford it. Hence, mortality outside of the hospital remains high, as people cannot get to the hospital in emergency situations due to the expenses. Making St John's ambulance accessible to all by possible external funding may be something that could possibly help Kenya regarding this matter. Although, where external financing has been utilised, it can still prove difficult as is seen with the external funding of antiretroviral medications (ARVs), where funding shortfalls are commonly seen. Hence HIV remains one of the highest causes of mortality in the paediatric population in Kenya.

Another similarity between the UK and Kenya is that emergency care is free for all, however this is on the condition that they can get to the hospital. However, with the lack of ambulances, this creates a huge divide between social classes. With regards to general health care, Kenya has a national insurance fund which has a few problems; 1) Not everyone can afford it 2) the package does not cover all cost and now people end up topping up fees after most surgical procedures, which means the poor end up selling assets to do so. 3) Government constantly updating what the insurance covers and has been recently reduced. 4) cover monthly and does not roll over if not used.

3) Describe the current public health issues apparent in Kenya

Whilst in Kenya, quite ironically there was a junior doctor strike by the registrars and the lecturers. This was in support of a colleague who had been suspended due to a mistake in neurosurgery. But also, due to contract issues between the government and doctors. Surprisingly this closely resembled the UK with the junior doctor strike due to difficult working conditions and patient safety due to this. In addition to this, the recent support for a struck off paediatric registrar in the UK due to mistakes in healthcare resulting in death of a child. This has been put down to poor supervision of junior doctors by senior staff, which upon speaking to many doctors in Kenyatta was a major part of this strike. The strike had caused many cancellations for surgery and has resulted in a vast increase in mortality (Daily nation 2018).

4) To observe the diagnosis and management of paediatric patients as well as becoming proficient in clerking patients and coming up with management plans of my own so that I am more confident. Whilst, also observing paediatric surgery if the opportunity arises.

Although the strike caused an extreme strain on the hospital, this created ample opportunities to see patients in a high octane strenuous environment, which I feel will hold me in good stead once I start practicing. Fortunately, this was still done with supervision. I was able to clerk many patients whom were very fluent in English, which was great as this was a concern of mine. I was received well by the team and the patients. I found that the skills that I have accumulated of my years at medical school allowed me to effectively clerk paediatric patients. The team were very warm and welcoming which helped me to adapt to the similar, yet slightly different clinical environment. In the paediatric environment it can become quite emotional, particularly where families were unable to afford treatment. I found this very difficult and heart-breaking at times, and found as time went on I was able to find this somewhat easier, but difficult nonetheless. Towards the end of the attachment, I was particularly pleased to receive praise for my work. An important difference of healthcare in the UK and Kenya was the lack of resources, for example gloves were used as make do tourniquets. Also with regards to consulting rooms, the door remains open and is shared by both the doctor and nurse at one time. More worryingly was the fact that up to 5 patients can be in the consulting room at one time, so confidentiality is non-existent. Having said this, this created many opportunities for me to clerk patients supervised. One particularly disappointing aspect of the elective was the fact that most paediatric surgeries were cancelled, hence I was unable to witness any paediatric surgery.

In conclusion, the elective was a fantastic experience which I feel has increased my competence and confidence in dealing with patients, in various scenarios. It is also important to always have an open mind when doing clinical work abroad. With this in mind, it is also important to be able to adapt to situations where the environment is not the norm. This was a great experience and practicing medicine abroad, particularly in developing countries is something I wish to do more of.

References

Daily Nation (2018) Strike paralyses services at KNH [Online] available at: <https://www.nation.co.ke/news/Strike-paralyses-services-at-KNH/1056-4376838-ilif04z/index.html>

vso jitolee (2015) Paediatric situation in Kenya Health policy paper September 2012 [Online] available at: https://www.vsojitolee.org/sites/vso_jitolee/files/documents/Reports/paediatrics-situation-in-kenya-health-policy-paper-september-2012.pdf