

ELECTIVE (SSC5b) REPORT (1200 words)

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

Muaz Ahmad

Elective SSC5b report

For my elective to finish my medical degree I decided to visit Kenyatta National Hospital in Nairobi, Kenya. Kenyatta is a tertiary centre public hospital which admits patients from the whole country and its regional neighbours. It is also associated with the University of Nairobi and serves as a teaching hospital for medical students and trainee doctors. I spent 5 weeks there and during my time I was able to sit in clinics and go on ward rounds, I was also able to spend time in the operating theatres observing various surgical procedures. This was an excellent opportunity for myself to explore healthcare in a different environment and to gain experience of a specialty which I am considering as a future career path. I would like to thank the Vandervell foundation for their support towards my elective.

What are the common general surgical conditions in Kenya and how do these differ from the UK?

The surgical treatments I predominantly saw and are most common in Kenya are emergency cases, the most common cases are of acute abdomens with appendectomy and bowel resection being the most common procedures, obstetric emergencies i.e. caesarean sections or ectopic pregnancies were also among the most common procedures as well as orthopaedic emergencies which were mostly from trauma. The most common elective procedures included hernia repairs, hysterectomies, and prostatectomy. There are more emergency cases in Kenya which is the main difference from the UK, where elective operations are more common.

Describe the pattern of health provision in Kenya compared to the UK

The pattern of health provision is very different in Kenya compared to the United Kingdom. Many patients do not have access to general practitioners and due to the costs involved in seeking medical attention patients tend to present late and in more extreme conditions. There are public hospitals which charge reduced fees as well as private hospitals and clinics where they will get better care but at a higher cost. Public hospitals as a result are busier and have problems with overcrowding and understaffing. There are also fewer support staff so patients may need to rely on friends or family to help them while in hospital. Due to overcrowding and lack of infrastructure patients in public hospitals may share rooms with other patients and this is an opportunity for infection to spread. In Kenyatta they were able to separate the TB patients into their own ward however other smaller hospitals are not able to do this and patients with infections that could spread were in rooms with a dozen other patients. Furthermore the dress code of doctors was to wear white coats and these are another route for the spread of infection.

In Kenya there is also a national health insurance fund (1), this is a government supported programme to provide more affordable healthcare to all citizens, however the levels of care covered by this has been reduced since its introduction and patients still need to pay additional costs to cover medical bills, especially if they have had surgery.

Whereas in the UK patients can see their GP who knows them over a prolonged period of time there is no such practice widely available in Kenya, furthermore the pharmacies are not as regulated as they are in the UK so many people may visit a pharmacy and buy medications used on advice from the pharmacist or local healers who are not medical professionals.

Describe the current public health issues in Kenya

The public health in Kenya has steadily improved in the last two decades, the average life expectancy has increased, HIV deaths have decreased by half for adult males and females, and malaria cases have decreased by 80% since the 1990s (2), however the most common cause of mortality in Kenya in adult males and females is still HIV, TB and Malaria. These are followed by other respiratory infections, malnutrition, cardiovascular disease and cancer (2). A common gynaecological presentation is female genital mutilation; usually done to women at younger ages and causes complications during pregnancy.

While the levels of diarrhoeal disease and respiratory infections have decreased amongst adults it is still a major issue in child mortality, childhood diseases and maternal mortality remain as major problems to be tackled from a public health perspective.

There has also been a rise in deaths from non-communicable diseases. Cancer mortality has increased by 69% from 1990 to 2013 (2); the most prevalent cancers being oesophageal, cervical and breast cancers. There has also been an increase in deaths from stroke and ischaemic heart disease which may reflect the improving economic conditions and more availability of high fat diets.

How will an elective in a resource limited environment benefit me as a doctor in the NHS

I have been privileged to be welcomed and allowed to complete my elective at Kenyatta national hospital. Working in Kenyatta has enabled me to see first-hand the sacrifices patients make to seek medical care. I have met patients who have sold their land, their wealth, livestock and property to pay for operations, scans and medicines for their families. This has humbled me greatly to appreciate the system we have in the UK where healthcare is free and available to all. The impact of having to pay for medical care for poor people is that presentation of conditions is very late and many times the patients are too sick to be able to recover from their illness leading to poor outcomes.

Healthcare in Kenya is very different to the NHS, this has enabled me to greatly appreciate the wider team involved in healthcare in the NHS such as nurses, occupational therapists, physiotherapists and social workers, as well as the cleaners, catering and admin staff involved. Spending time in a ward where there were very few nurses or other staff for patients I was able to appreciate the impact of the multidisciplinary teams that I will be working as part of in the UK. Another notable difference is that the doctors still wear white coats, while this may enable them to stand out and attain respect when walking in corridors this is no good for infection control especially in a country where infectious disease is so common. Furthermore it can only be described as an experience to be in a clinic with a patient and the next 4 patients are sitting on a bench in the same room. It was a very dynamic environment as the nurses also shared the same room and took bloods and did examinations, in total

there were up to a dozen people in a clinic room which makes it very difficult to attain a thorough history and explore sensitive topics as confidentiality is impossible to maintain.

Bibliography

1. NHIF. [Online]. Available from: <http://www.nhif.or.ke/>.
2. ICHA. Kenya advances in health sector, but serious public health concerns remain. [Online]. Available from: <http://www.healthdata.org/news-release/kenya-advances-health-sector-serious-public-health-concerns-remain>.
3. WHO. Kenya: WHO statistical profile. [Online].; 2015. Available from: <http://www.who.int/gho/countries/ken.pdf?ua=1>.