ELECTIVE (SSC5b) REPORT (1200 words)

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

Nsawam Government Hospital (NGH) is a district hospital situated in the town of Nsawam, about a 90 minute drive North from Accra. It serves a population of around 300,000. The main building consisits of a single-storey mass of concrete, and despite the 132 beds and several wards (male, female, paediatric) a maternity unit, theatre suite, eye clinic and outpatient department, it is run by only 6 doctors, many of whom are newly qualified.

Ghana has 'National Health Insurance' that is affordable and widely avaliable. The goal of this is to "provide equitable access and financial coverage for basic health care services to Ghanaian citizens". Although insurance is cheap and outwardly covers the cost of a hospital stay and simple tests, there are many prblems with the system; it can take up to 3 years for the hospital to receive governmental recompensation, causing a state of fincacial unease amongst the adminitaration. Furtheremore, more complicated medications (e.g. HIV drugs) are deemed too expensive to be funded by the state.

Prior to arriving in Ghana it was my intention to spend most of my time on the Paediatric wards. However, the hopsital is open and all the doctors (with the exception of Dr Awuku, the O&G specialist) tend to patients from a range of specialities. Every doctor in NGH is expected to be able to perform cesarian sections, and even medical students ahould be able to peform them in an emergency. It was in following a Dr to an emergency C-section that I was introduced to the anaesthetics team. They proceded to take me under their wing, and as a result I spent much of my time at NGH in theatre, certainly not something I would have expected prior to the placement. For this reason, I will discuss common anaesthetic problems, with a global health context as well as describing the provision of anaesthetics in Ghana instead of focussing on the paediatric population.

Anaestetics in NGH is entirely nurse-run. Although some of the anaesthetic staff are highly experienced and interedted in expanding their knowledge of anaesthesia, I also realised that many members of the team have limited knowledge; much information is simply passed on from person to person. The result of this is having teams who follow steps, but are unsure of the underlying reasoning. This limits how much they are able to 'think on their feet' and renders an inflexible workforce. An exaple of this is in the placement of cannulas: there is never a backup line inserted. If a cannula tissue in surgery (which seems to happen alarmingly often) then a new line must be inserted whilst the patient is often deteriorating and the blood pressure dropping. I saw many cases where getting a line in became increasingly difficult, and on one occasion led to a doctor being called from a neighboring ward and the patient becoming very ill. Despite thit, when I asked about the placement of a backup cannula in future cases, the answer was a reosunding no - this was how they had always done it. I belive that this rigidity may hold back progression, and it had made me appreciate the culture on oncoing learning and professional development in the UK.

On speaking to other studetns carrying out electives in Ghana, I learned that the Anaesthetics department in Nsawam is, in fact, much better resourced and staffed than others in the area. In a more rural hospital (Keta) nearby the most trained member of the anaesthetics team had 6 weeks experience from a course he'd completed. It was information such as this that made me realise how lucky we are to have such profficient and highly trained teams in the UK; a complication in Keta would most likely cost a patient their life due to the inexperience and lack of knowlede in how to handle emergencies.

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As I anticipated before ariving in Ghana, nutritional deficiencies were highly prevalent. Malnutrition was especially prevalent in the paediatric wards, where parents were sometimes embarrased to bring children in, meaning they are not seen until the situation is life-threatening. Undernutrition was not the only issue; lack of education and scarcity of healthy food options mean the diet of most people is largely sugary and carbohydrate based. I found this somewhat reminiccesnt of the UK, where unhealthy food can often be cheaply aquired, contributing to the high obesity levels we see. During an outreach project it became clear that even a little public health advice goes a long way; people were grateful when it was explained to them what their diet was lacking, and many were prepared to make changes to improve their health.

This elective required me to work closely with a veriety of people from many backgrounds. Most members of staff spoke good English, but there was often a language barrier, particularly in the paediatric population. Placements in Newham and Whipps Cross have prepared me for language barriers to some extent, so I drew on these experiences. It was a good opportunity to learn some basic Twi however, and I found even just a little knowledge of the local language warmed patients to me considerably. Some nurses were extremely interested in what it was like to work in the UK, and I enjoyed sharing experiencing and learning about different healthcare systems in such a grass-roots way. There was, however, sometimes an attitude that I, as a westerner, should be providing resources for the hospital. More than once my colleagues and I were asked for lists of medical equiptmnt that it was felt were lacking. These uncomfortable encounters were certainly the minority, but still highlighted the divie between our cultures that some people felt sat between us.

There were times in the hospital where the limitations in resources was particularly obvious; the maternity ward had no options for controlling pain, and many women had traumatic experiences of delivering babies. Furtheremore, the attittude of midwives towards this suffering was ver different to what I have become used to; it was not unusual for a midwife to slap a woman she deemed to be crying out too loudly in an effort to silence her. This attitude towards patietnts was evident throughout the hospital; no local anaeasthesia was used before spinal anaesthetics, and it was common to perform procedures without first explaining them. It made me wonder whether it takes a certain level of detachment to work in a system where you cannot always do anything for a patient in pain.

In conclusion my time at Nsawam was intersting and illuminating but made me trult appreciate the resources and knowledge we have come to expect in the UK. I hope that in the future better provision by the Ghanaian government can allow the very capable doctors to practice medicine to the best of their abilitires.

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