

ELECTIVE (SSC5b) REPORT (1200 words)

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

The diseases seen at the Biolly Riordan memorial clinic in Malawi differ greatly in type and severity to those seen in the UK. The most common infectious disease in Malawi is HIV and the majority of patients seen at the Billy Riordan clinic were HIV positive. Malaria is also a hugely important disease and affects a large number of the population. The location of the clinic on Lake Malawi meant a greater number of mosquitos, particularly in the rainy season, and the many of the patients presenting acutely to the clinic were there due to malaria infection. Lake Malawi also harbours the schistosomiasis parasite and, whilst virtually never seen in the UK, this is also a common disease amongst the local population of Cape Maclear. In addition, malnutrition amongst children and the lack of clean water supply leads to frequent presentations of gastroenteritis.

As the Billy Riordan memorial clinic is a charity, it relies solely on donations and volunteers. The doctors and nurses working there do not get paid a salary and must commit to at least 4 months of time so that the clinic can continue to remain open. The majority of the doctors volunteering are from the UK and Ireland, and so learning the different cultural norms and traditions is vital to ensure proper treatment and understanding of the local population. Although a charity, the clinic is actually very well stocked of essential medicines, and is able to transfer sick patients to larger government clinics and hospitals in neighbouring towns.

Healthcare provision in rural Malawi differs greatly to that in the UK due to lack of both medical resources and personnel. Malawi is not a large country but transport links are minimal and the winding, poorly kept roads mean that buses can take days to reach their destination. Before the Riordan clinic was built, local residents of the village of Cape Maclear would have to travel hours to the nearest town to find their closest medical clinic. The creation of the clinic within the village has transformed the local people's access to healthcare, however it is still very limited compared to UK standards. Essential medicines are available but there is often a lack of other essential items such as oxygen and IV fluids meaning that many requirements are still difficult to meet. The clinic would not be able to continue to run without the dedication of the volunteers who give up time and income in order to provide the healthcare that the local people desperately need. In comparison to the cities of Malawi which have more doctors, more facilities and better transport links, the healthcare provision in rural Malawi is still very basic.

Working in this environment was very challenging especially being from the West and being so used to the abundance of resources. It was a very steep learning curve but one that I feel will make me a better doctor when I return to the UK. Coping with limited time, resources and staff makes you realise how lucky we are to be working in such a rich and plentiful society and I hope this thought stays with me when I start working in the NHS.