

ELECTIVE (SSC5b) REPORT (1200 words)

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

The Obstetrics and Gynaecology department at the Queen Elizabeth Hospital in Blantyre is very different to anything I have experienced at a hospital in the UK. Specifically the labour ward was entirely different, not least because of the sheer number of women giving birth at any one time, but also the staffing, resources and provision given to the women in labour. Although all cared for very well, there is clearly a very different attitude to labour. Epidurals were not considered, and there was a high rate of conversion to C-section. Often the only member of staff to be present would be a student nurse, even in more complicated situations where there were foetal complications. There is obviously a vast difference between Malawi and the UK in terms of financial investment in state healthcare, and the extreme poverty in Malawi coupled with high rates of infectious disease, notably HIV and Malaria, means that there are more patients with more complications. There is also currently only one medical school training doctors for the entire country and about 100 new doctors currently qualify each year, compared to thousands in the UK. The infection prevention protocol in Malawi was very different to the UK - lack of basic resources such as clean bed sheets, towels and blankets, and the large number of women being admitted each day to the labour ward meant that many gave birth in unsanitary conditions, often on a bed that was not properly cleaned after the previous woman gave birth. The limits of what the doctors could do versus what they wanted to do was very great, and felt particularly by the western doctors who had trained in well-resourced and well-funded systems and were frustrated by their inability to help due to lack of even basic equipment and medication such as oxygen (at one point all 4 HDU patients were being given oxygen from empty tanks). There were no defibrillators in the hospital and only a few staff were trained in basic life support. Additionally, the huge number of patients meant nursing was very stretched and often medication was not given - this was a particular issue for diabetic patients, some of whose insulin was missed with serious consequences. However, the all of the healthcare staff were clearly working as hard as possible to do the best they could with what they had and it was admirable to watch. There are clear challenges facing the NHS in the UK, and these seem only set to worsen. underfunding and rota gaps gives the impression of a struggling service, yet for me this was put absolutely into context once I saw what people are faced with in lesser developed countries. Although we indeed will face challenges, I have a new found admiration for the healthcare system that we have in the UK. In terms of improving my clinical knowledge, this experience was invaluable for me and I gained an unprecedented amount of experience, particularly on the labour ward, which I hope to carry with me for the rest of my career.