

ELECTIVE (SSC5b) REPORT (1200 words)

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

I have spent 3 weeks working in Ekwendeni Mission Hospital which has a capacity of 230 beds, although many of these are not actually in use.

The majority of my time here I spent doing ward rounds on the Male or paediatric wards as these wards needed some extra help, but I also spent a few days on the female and maternity wards too, depending on staffing each day in the hospital. To try and gain a holistic view into this hospital's facilities I also spent a day doing an outreach clinic with a team of nurses, midwives and HIV counsellors who focused on maternity and paediatric care. Plus I spent a few days in theatre.

Objective 1:

As this hospital is a Mission hospital and not a government hospital this means it charges for its services except for maternity care and children under 5. Consequently, this impacts on the patients presenting to this hospital and the types of illnesses and diseases seen. The most common illness seen across all the wards was severe malaria. This required admission into hospital as their bodies are struggling to fight the illness and often they have complications from jaundice, low blood pressure or severe anaemia requiring blood transfusions. Another illness seen more commonly than in the UK across the different hospital wards was meningitis. I saw many cases of both children and adults and this was generally diagnosed firstly by the history and then via a lumbar puncture which most clinical officers were able to perform. I did see one patient with cryptococcal meningitis in an HIV positive 37 year old man, which is a condition we learn about at medical school, but a condition unlikely to ever be seen in the UK.

On the other hand there were many conditions similar to those you would see in the UK from bronchitis in paediatrics to asthma or heart failure on the adult wards.

Objective 2:

Ekwendeni hospital is only accessible to those who can afford to pay for medical care (except the under 5's and maternity care), therefore it's difficult to comment on the health provision in this area to everyone as obviously it is directly impacted by people's economic position. This in itself is of a significant contrast to the UK where we pride ourselves in having free healthcare for all. The nearest government hospital is about a 20 minute drive away, which is not too far away, however the added barriers these locals faced is the access and ability to afford transportation to and from either of these hospitals. Many people have walked for hours to reach Ekwendeni hospital, or have been carried, as particularly the patients seen on the female and male wards patient tend to come in quite ill from

traumas or often after they have previously tried traditional medicines from their local traditional healers before attending hospital.

This hospital also has the facilities to perform basic operations for example: c-sections and hernia repairs. Plus, they provide the outreach clinic to 12 remote communities once a month for maternal and paediatric check-ups, vaccinations and HIV testing and counselling.

Objective 3:

The structure of the health system in Malawi is one typical of a developing country, with a few main hospitals in the large cities across the country but otherwise health services are propped up by many Mission hospitals. Malawi's poverty is reflected in the medical equipment they have, for example there is one CT scanner in the country which is down south so it is at least a 6 hour drive away from Ekwendeni Mission hospital.

The problem of having their health service propped up by Mission hospitals is that these are private hospitals charging fees for their services meaning only those who can afford it can access health services. This is a stark comparison to the UK with free healthcare for all and access to CT scanners in most hospitals.

Having said all this, there are some excellent services I have seen here, for example the HIV testing and counselling services offered both in the outreach clinics and in the hospital. Every patient in hospital is offered HIV testing and given pre and post test counselling. The country has invested in training these specialists and have consequently seen declining figures of HIV in the country over the last ten years, therefore proving it to be a successful investment.

Objective 4:

As previously mentioned the most common problem seen at the hospital was severe malaria, often causing many complications, particularly affecting the liver and spleen. Malaria is an illness rarely seen in the UK but here they have proficient ways to both diagnose and treat the condition. Diagnosis is often primarily made via a convincing history of the presenting complaint, also they have rapid malaria diagnostic testing (MRDT) which requires a small drop of blood from the patient and only takes a few minutes to see the results. Another method the hospital was able to use was to look at the viral load of the malaria too, however both of these methods relied on the availability of the equipment for these tests. Whilst I was at the hospital they would often run out of glass slides required for the viral load testing, so then we were just unable to do this test.

Another illness that I saw a lot of was HIV and the complications associated with it. Many people presenting with 'general body weakness' and after taking a proper history a main differential diagnosis often would be TB. Although this diagnosis was a challenge to make due to the X-ray machine not working at the hospital and often the patients either wouldn't be able to produce a sputum sample or due to issues in the lab these samples wouldn't be able to be processed.