

ELECTIVE (SSC5b) REPORT (1200 words)

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

This report summarizes my experiences during my seven-week placement at the Ahmadiyya Muslim Hospital in Agona Swedru, Ghana. The placement was the final part of my five-year MBBS course and gave me the opportunity to compare the healthcare system in the UK to Ghana.

Background

The Agona Swedru Ahmadiyya Muslim Hospital in Ghana is a charity hospital set up by the Ahmadiyya Muslim Community. It provides subsidised hospital care for poor people who often travel from distant areas within the central region for treatment. The hospital recently expanded and now has a new maternity unit with 21-beds. This expansion was welcomed by the government and funded by Dr Rafi Khan, the Medical Director of the hospital, as well as his mother, who initiated the project after seeing the poor facilities for pregnant women. The hospital provides a wide range of services apart from maternity care, including general Medicine and Surgery.

Objective 1 - Describe the history and pattern of health distribution in the population of Ghana and compare it to the UK.

The leading causes of mortality in Ghana are malaria, HIV/AIDS, neonatal encephalopathy, lower respiratory tract infections, cardiovascular disease, cerebrovascular disease, diarrhoea and pre-term births. The leading causes of disability are iron-deficiency anaemia, lower back and neck pain, skin diseases, depressive disorder, anxiety, epilepsy, migraine and HIV/AIDS. Some of the main risk factors for ill-health are malnutrition, air pollution, unsafe sex, alcohol and drug use, high blood pressure and a high body mass index.

In the UK infectious diseases such as malaria and HIV are not leading causes of death due to environmental factors. Neonatal encephalopathy is also not seen as frequently due to better maternal health. Surprisingly, cerebrovascular disease and cardiovascular disease are leading causes of death in Ghana, similar to the UK. This can be attributed to changes in lifestyle, as lifestyle choices are becoming more westernized and thus obesity, high blood pressure and diabetes are seen a lot more frequently. Another main cause of death in Ghana are neuropsychiatric disorders, such as depression and anxiety.

The pattern of health distribution in Ghana was different depending on whether you are in a city or in rural areas. In rural areas illnesses such as malaria and diarrhea were the biggest problems, whereas in cities obesity, heart disease and stroke were bigger issues, in line with local risk factors. Such a

strong contrast is not seen in the UK where the disease pattern is relatively similar in cities, as well as in the countryside.

Objective 2 - Compare the service provision of the charity hospital to the services available in the UK and find out how resources are used in a low-middle income country, in this case Ghana.

The medical and surgical team consisted mainly of very few people who were responsible for all departments in the hospital. The Medical Director was also the main treating clinician for all medical and surgical patients. One can not imagine anything like this in a NHS hospital, where one team looks after only one ward. The nurse (the wife of the medical director) was looking after the maternity unit and also doing C-sections when necessary in a very efficient manner. Though this seems unsafe at first, upon observation it was incredibly efficient and all staff knew what they had to do and whatever clinical knowledge they did not know before they learnt by working there. Their experience was incredibly valuable and allowed them to deal with all patients that they saw, even if they were not presenting with a complaint that is part of their speciality.

In line with that, the Medical Director ensured that all resources were used in the most efficient manner. Money received through charities was invested into hospital facilities to provide better and more care for more patients. The hospital was appreciated greatly by the local government who provided it with funds to expand the care provided by the hospital, again used to benefit the patients.

Dr Rafi had to utilise his clinical skills efficiently when requesting investigations for patients, as resources are limited and hospitals are charity funded and at the same time self-sustaining. The overall budget for running the hospital is much smaller in comparison to any hospital in the UK. The size of the hospital I visited was also much smaller than a hospital in the UK and more comparable to a GP practice or a polyclinic with two additional wards, a surgical and medical one.

Patients would queue on seats in the morning and be served on a first come first served basis. Surgeries would occur in the afternoon and the Medical Director would also be on-call for all the patients seven days a week and nursing teams and other staff would look after the rest of the patients on the ward if any medical emergencies happened.

Objective 3 - Describe healthcare promotions currently advocated in Ghana and the methods used to convey them.

Within the hospital the medical team tried to educate patients that they saw on a one-to-one basis. They informed them about healthcare promotions relevant to the condition that they came in for. For

example if a woman gave birth in the maternity unit and the baby had a low birth weight, the nurse would educate her about how best to feed the child and where the child can get its nutrients from once it stops breastfeeding. She also emphasised the importance of breastfeeding in the first few months to strengthen the baby's immunity.

Outside the hospital the government sent healthcare workers to rural areas to educate people about health hazards, such as drinking safe water collected from dedicated water wells, how to minimise the risk of malaria by using mosquito nets and again how to provide the best nutrients to your children with what is available to eat locally. A lot of emphasis was given on how to stay safe from malaria, as malaria is the major cause of infant mortality in Ghana in under five year olds. The medical director had been working in the current hospital for four years and one of the earliest tasks he set himself was to have a blood testing kit for Malaria with the appliance also allowing routine blood tests. Apart from treating tropical illnesses and patient education the main treatments the hospital provides are general surgeries such as hernia repair and minor surgeries.

This is in contrast to the modern hospitals in the major cities, which are not affordable to poor people. There you can see health promotion posters similar to those in the UK, however addressing different topics such as avoiding tropical diseases, maternal health and heart disease. In the UK these posters are often about smoking, obesity and also heart disease amongst many other topics. The healthcare issues shared by both Ghana and the UK include diabetes and heart disease, thus both countries made an effort to provide healthcare promotions for these diseases.

Objective 4 - Learn about the local patients cultural perspective in seeking medical treatment and improve my communication skills, allowing better understanding of trans-cultural issues when dealing with patients from different backgrounds.

Seeing patients in the charity hospital was very different to what I know. Patients were grateful to receive cheap treatment, which they otherwise would not have been able to afford. They often travelled great distances to be seen in the charity hospital despite care being available in other cities, however much more expensive. If the patients had not come to the charity hospital they would not have been able to seek care and might have continued suffering and deteriorated in their health.

In terms of doctor-patient relationship the culture was different. The patients expected the doctors to make the decisions and act in their best interest and did not want to be burdened with medical decision making by being involved. They were absolutely dependent on the doctors. The doctors would act benevolent and non-maleficent, but it could be considered that patients did not give informed consent to the procedures.

My experiences in Ghana helped me to develop better communication skills by gauging how involved the patient wants to be and how to convey information in lay terms to patients with no medical knowledge. I developed an understanding for how different cultures treat doctors very differently and how in some cultures patients rely on healthcare staff to take all decision for them.