Elective Report

My first objective was to reflect on the differences in anaesthetic practice between the UK and South Africa (SA). What I loved about anaesthetic in bother countries is the type of people anaesthetics attracts. Everyone is very friendly, relaxed and very knowledgeable in every aspect of medicine. Perhaps it's the favourable set hours that anaesthetics work by. I also did a week on trauma and there on calls were 24+hours long and there are copious studies to show that just after 12 hours your mistakes double and thereafter exponentially rises. It was therefore reassuring that anaesthetics in SA abide to safer hours. Although you have to be switched on in both trauma and anaesthetics there is far more drug calculation involved in anaesthetics and drug errors make up a large part of patient morbidity and mortality. SA in comparison to other African countries is very well developed and some of the best medicine in the world is practiced here-don't forget the first heart transplant by Dr Bernard was performed in Cape Town. The hospitals have similar equipment to the UK but there is lots of staff, drug and power shortages. However there still remains a huge disparity between state and private hospital in SA. I worked in Chris Hani Baragwaneth State hospital which serves mainly the township people of Soweto. It is the biggest trauma hospital in the world and with over 3000 beds in the hospital it really does make the Royal London Hospital seem tiny. However increasing sized hospitals always brings bureaucracy. Luckily the anaesthetics department was very well run however each day there was always problems with bringing the patient to theatres on time, the WHO checklist was rarely done before each procedure, the nursing care post-surgery was whimsical. Despite this most of the surgical list were completed albeit slowly. In comparison to the UK there is a reduced repertoire of drugs used in anaesthetics, more stock shortages and power cuts!!! What was clear to me was that the interns (equivalent to Foundation Year 1) had a huge range of medical skill but were in some areas slightly lacking in medical knowledge but there skill range is way beyond any of the FY1 I have shadowed. The reason for this is they get enormous amount of patient contact and responsibility. Furthermore all interns have to have 4months of anaesthetics training which only a job preference in the UK is. The reason for this is that they do their community placements in rural areas where they may be the only doctor and so have to know the basics of how to anaesthetise a patient. This is usually the case if the patient needs a caesarean section which they also get trained how to perform. SA use similar guidelines and teaching for anaesthetics as they do in the UK and since anaesthetics if very much an art different anaesthetist will apply different combinations of technique to anaesthetise a patient.

My second objective was to discuss the prevalent diseases in SA. HIV is extremely prevalent in SA. HAART treatment is free from the state but culture beliefs and lack of education means that poor compliance is wide spread. They also call it RVD to reduce the stigma. Anaesthesia consist of many invasive procedures so every patient is treated as if they have a blood borne disease just as it is in the UK and no extra precautions are taken for those with HIV. Adding to the risk is also Hep B and C which is also prevalent.

Bara serves the township population and most patients have never seen a doctors before they turn up to surgery so tend to present with a range of co-morbid conditions. This is why a very thorough pre-clinical check-up is performed. The most common cases I saw were pregnant women with cardiac conditions which needed full invasive monitoring during a caesarean and many women also had pre-eclampsia to complete matters further.

My last objective of this elective was to gain clinical skills. I think I gained more clinical skills in my 6 weeks at Bara than I have done during my whole medical school. The volume of patients are

enormous and I learnt how to intubate, perform a spinal and epidural, lots of bloods, catheters and cannulas.

This elective has definitely boosted my confidence to perform well as a doctor and it has given me an experience of medical practice outside the UK, some of which I will take back and some of it I most certainly will not.

Reflection

Was it what you expected?
It was very much what i expected. THere was huge numbers of patients presenting with trauma. The level of staff was low so you are a vital part of keeping the place running. What i didn't expect was that for such a large trauma centre it had such a poor triage service and lots of patients were not properly assigned.
Clinical experience?
I don't think I could of got more hands on. I know feel so confiednt after doing scores of cannulas, bloods, femoral stabs, catheters and some intubations.
What did you learn about the people and the country?
South Africa is a very intresting and complex countire. Since it is only a decade since apartheid the division of wealth and access to meidcal health care is still present. Furthemroe with over 14 different languages that a spoken there was always the odd patient that we couldnet communicate with.
What did you learn about the health care professionals you worked with?
The anaesthetist in South Africa are very much the same in the UK very friendly and willing to make you part of the team and teach.
What did you learn about the health care system in that country?
Still a big difference between the state and private. Lots of power cuts, lack of water for scrubbing, staff shortages, drug shortages. Most of the medicine practiced in South Africa is very similar to how is practised in the UK.