ELECTIVE (SSC5c) REPORT (1200 words)

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

From Hackney to Harare

Although I have spent much time on paediatric wards previously, I was very excited to spend 2 weeks on the paediatric ward at Homerton Hospital in Hackney, after which I'd spend my remaining 4 weeks in Harare, Zimbabwe. The children admitted to Homerton present with conditions no different to what one would see in the rest of the UK; mainly viral illnesses, like the triplets I saw admitted with RSV-caused bronchiolitis (each at a different stage of the illness). Hackney has a large Afro-Caribbean population, so it would not be rare to see sickle cell disease, and the due to high rates of TB in the area, every patient admitted with respiratory signs was tested for it.

Parirenyatwa Hospital is a public hospital located in central Harare, and has a large paediatric department covering 3 wards. My baptism of fire was in the intensive care unit where I realised, that despite the presence of electrical equipment (mainly donated by large multinational companies), there were barely any other resources on the ward. Throughout my stay in the hospital, I constantly had to hunt for the single bottle of hand gel, and when I once asked the nurse where it was, she tutted and said 'this is Africa': a much different response to the nurse in Homerton who made sure I was bare below the elbow and clean before even going near patients. There is no such concept of 'bare below the elbow' at Pari Hospital, and doctors and medical students are expected to wear white coats, which not only could be a medium for the spread of infection, but I feel they visually set medical practitioners out from other health care practitioners. Whilst this may be useful in aiding identification of staff, I feel it may provide a barrier in some ways, and reinforces the stereotype that doctors are paternalistic figures rather than partners in making decisions with patients.

As well as seeing the conditions common to paediatrics, such as neonatal jaundice, epilepsy and diarrhoea, there were many conditions I had only previously read about in textbooks. Conditions common to the area include malaria (despite Harare being a low-risk region, but I gather the patients came from outside to receive treatment at this hospital), malnutrition (related to poverty and only being fed maize-based meals) and TB (where I have seen children presenting with seizures relating to what was found to be TB meningiomas). Typhoid fever is also common here, a condition almost unseen in the UK, and I was told that any child coming in with diarrhoea is assumed to have typhoid until proven otherwise. HIV rates are high here, and I was surprised when the 'opportunistic infections' clinic had its own dedicated building, with an almost conveyor-belt feel to the appointments being held. In a single room were two doctors with each other's backs facing each other, each seeing their own patients; not much attention to patient confidentiality being given here.

As well as the hospital-based clinics, I also attended a weekend outreach clinic in one of the townships with a charity one of the consultants was involved in. The conditions witnessed there were desperate, and I saw the consequences of having a lack of primary care facilities available in such areas.

I was told that people visit the hospital here as a last resort; the issue of paying for treatment is an obstacle too large for some, but by the time they present with their illness, things have got to such a

stage where the treatment needed not only costs more than it would have done initially, there is a risk of it being too late. I was appalled by the idea that parents had to make the decision between paying for the right antibiotic and a cheaper, less effective medication. I was disgusted at the fact that the cost of a CT head scan with contrast is sometimes more than a family earns in months.

One phenomenon that I did find interesting during my stay in Pari Hospital was the high refusal rate of lumbar punctures amongst mothers of children who were seriously ill. In Homerton I encountered various parents who had decided that vaccinations caused more harm than good, and despite trying to convince them otherwise, they were adamant that the 'research' they had done was enough to allow them to decide not to vaccinate (and put their child at increased risk of dying). This was not a problem in Zimbabwe; vaccines are mostly readily taken up without question, probably helped by the belief that 'doctors know what's best for my child'. But the issue of LPs stems back to a recent epidemic of toxoplasmosis meningitis in children with HIV. As with cases of meningitis, it is common practice to insert a needle to collect some spinal fluid for analysis. Many babies died as a result of the meningitis, but there was the belief that the deaths were attributed to the lumbar punctures instead, and hence this misconception took hold. I have no doubt that the invasive nature of the procedure, and the emotional strain the mother witnessing an LP being done does play its role in the mother saying no, but generally, a lack of education amongst the population does have disastrous consequences in places like sub-Saharan Africa, especially when infections such as HIV and TB are so rampant. But one of the main obstacles is, how can you educate people regarding health, when community-based primary care centres are scarce, and access to a TV or the internet are last in the list of priorities in a family barely making enough to survive?

I had the chance to witness many interations between doctor and patient, both on ward rounds and in clinic. One thing that I did not anticipate was the widespread use of the traditional language, Shona, which made understanding some interactions difficult. But in the dialogue that was spoken in English, I found that not much emphasis was placed on nuance. Zimbabweans mainly said what they meant, and maybe also down to the doctors' massive workload, conversations were kept to the point (yet, much time was dedicated towards grilling the 20 or so medical students on the round; teaching via public humiliation is the modus operandi in these parts). But I did notice how there was a difference in how much information doctors gave to some parents versus others, probably based on perceived education levels, and some parents seemed more than happy letting the doctors perform their jobs with no questions asked.

Overall, I believe these elective placements have been abundantly enriching, both with allowing me to hone my practical procedures as well as improving my confidence when approaching and interacting with children and their parents. One thing that did touch me was the kindness of some people; we assumed the lady carrying a baby we were seeing on a ward round was the mother, when in fact she was just passing and heard a baby that needed comforting. I hope some of the qualities I witnessed during my 6 weeks will rub off onto me, and help me become the caring, compassionate doctor I one day aim to be.