ELECTIVE (SSC5b) REPORT (1200 words)

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

1. What are the prevalent medical conditions in rural Malawi and how do these differ to areas of rural UK?

The main conditions I saw in Billy's were malaria, shistosomiasis, HIV and sexually transmitted infections. There were also a lot of non-specific viral illnesses, especially among the younger population, and a little bit of hypertension among the adult population. For injuries that required dressings there were a lot of burns, especially in the pediatric population - perhaps due to the use of open fires in many households.

Rural medicine in the UK is delt with primarily by general practitioners where from my experience top presentations would be back pain, hypertension, and viral respiratory illnesses. Although I saw all of these present in Malawi, with the exception of viral respiratory illnesses, they were very uncommon.

My previous experience to malaria and schistosomiasis was close to nil, this was one reason why I chose Billy's for an elective. The experience in clinic and working in pharmacy/dressings was something I could never learn in a book. Another added bonus was how willing all of the other volunteers were to teaching us students anything they knew about the tropical diseases.

Unfortunately Malawi was one of the countries that experienced a HIV epidemic and over the past few years a huge effort has been undertaken to reduce the HIV burden. Billy's clinic ran a separate HIV clinic which offered treatment, education and support - the education being compulsory, which I thought was excellent. They also had local workers based in the community as another point of contact for patients. It is still a real problem but I think, from my experience, education is starting to filter down. The government has a very clear document detailing treatment in a variety of cases and the use of condoms is increasing - although not among bargirls who can earn much more when they don't use one. Education is the only way this epidemic can be brought under control.

I did not expect to see so many sexually transmitted infections during my stay in Malawi. The village had a particularly high level which was partly due to the status as a stop over for fishermen and the large number of bar-girls in the local establishments. This was one area that I had a bit of experience from working in clinics in London. However as common as they might be in the urban cities of the UK, I doubt if they present as much in the rural UK. The biggest difference in managing these STIs in Malawi was the lack of investigations to confirm a diagnosis. Instead the Trust had a protocol which assigned drug treatments based on the presenting symptoms. While this greatly sped up the whole treatment process for the patient and fitted into the available technology for the clinic, it is not the gold standard as it has the possibility to cause some serious drug resistent infections.

2.What healthcare is available in Malawi and how does this differ to Zambia and the UK?

The UK is globally a very wealthy country that has some of the best healthcare in the world. There are hundreds of hospitals staffed by a myriad of healthcare professionals and if there is a drug to treat a condition, the chances are you can get it in the UK.

Malawi is a very poor country and relies heavily on foreign aid to maintain a healthcare system. It is a country that has a difficult climate with which to grow crops and develop industry. As such they have a very different healthcare system to the UK. According to the WHO Malawia's heathcare system ranks 185 out of 190 globally. Many seemingly basic medications available in most countries are difficult or impossible to get in Malawi. Patients also carry their own health passport from clinic to clinic - it is their responsibility to keep these safe as hospitals may not keep any records.

Billy's is a rural clinic and although every effort is made to treat anyone who comes through the doors, it is resource poor so they can't treat everything. Any patient who required further treatment we had to refer to a local hospital. Unfortunately this hospital had no doctors - in fact the country only produces 20 doctors a year. It was run by clinical officers who do their best to offer any healthcare they can, however as a government run hospital is was just as resource poor. There were further hospitals that could take referrals but this all took time and money for transport - many patients not having either of these.

One interesting aspect of healthcare in Malawi is the guardian system. Every patient who is admitted is required to bring with them a person to feed, wash and look after their basic needs. This frees up healthcare professionals to concentrate on the medical care solely. The results are fewer bed sores and a lower costing healthcare system. However it did cause rather crowded wards. This was especially bad when all the beds were full and there was more than one person allocated to a bed.

Zambia is a richer country than Malawi and produces many more doctors. It also has many clinical officers who help sustain a healthcare system, particularly in rural communities.

3. **What are the common presentations of HIV/AIDs in Malawi and are these different to the UK? What are the local aims with treatment? What treatment is available?**

In the UK, a lot of new diagnoses of HIV are made in asymptomatic individuals who fall into one of the at risk groups for developing HIV - and are thus tested when they come into contact with the healthcare system. I am happy to say this seems true for Malawi also. In Billy's clinic, trust policy wanted a HIV test present in each health passport so many tests were done daily. However there were exceptions who had not had a test done and thus presented with opportunistic infections - especially Karposi sarcomas, which are now rare among UK residents.

The treatment aims for both the UK and Malawi were on par with each other. Anti-retrovirals were started as soon as a positive test was detected and counseling and education were supplied also. The medications available however were different. The medication available in the UK is very expensive and thus beyond the budget of the Malawian healthcare system. However the department of health in Malawi has a very clear document on how to treat HIV in Malawi using the drugs available.

4. **To be able to attend to patients fluently through the use of a translator and to manage their expetations well, while putting into practice my clinical knowledge and skills and being of benefit to the clinic.**

When I arrived at the clinic I was shadowing other volunter doctors and struggling to diagnose some of the tropical disease I hadn't seen much/any of before. However after 3 weeks in the clinic, myself and other students were confident enough to be able to see patients alone with out own translator - although we still ran through our management plans with other doctors. I felt that my clinical knowledge and examination skills were put to the test throughout all my consultations. I have never felt so many big spleens and livers. The translators added a level of difficulty to each consultation as hearing a story second hand is never as beneficial as first hand.