ELECTIVE (SSC5b) REPORT (1200 words)

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

Background:

I completed my elective at Mount Meru Hospital in Arusha, Tanzania, a regional district hospital located about an hour's drive from Kilimanjaro International airport. Having visited Tanzania when I was 17, I had always wanted to return and this elective provided an excellent opportunity to do so, whilst undertaking a placement in paediatrics, a speciality I am interested in.

Objectives:

1. Children attending the paediatric department at Mount Meru presented most commonly with infective conditions such as pneumonia, UTIs and GI infections, similarly to the UK. However, with such a high prevalence of TB and malaria, any child presenting with pyrexia and infective symptoms is always considered to be suffering from a more serious infection.

There were also multiple conditions that we do not see so much of in the UK. A fair number of children presented with animal bites and stings, as these children worked in the fields looking after the family's livestock rather than attending school, and this put these children at higher risk of snake bites, embedded thorns and other hazards. High rates of malnutrition occur in parts of Tanzania (due to poverty and carbohydrate based diets), with some children displaying multiple physical signs of a poor diet such as kolionychia of the nails, fine dowdy hair and severe abdominal distension (despite a low body weight).

Antenatal care is not as prevalent nor as highly utilised in Tanzania, and this leads to higher rates of congenital abnormalities and genetic defects such as cyanotic heart disease, cleft lip and GI malformations. Healthcare can be expensive for mothers and the sonography scans that are widely available in the UK are not commonly used in Arusha, leading to these issues not being discovered until birth. Finally, there were multiple paediatric patients with HIV, and even one 9 year old with cryptococcal meningitis due to no antenatal care and no access to the antiretroviral medications needed to slow/stop the effects of HIV on the body.

2. Mount Meru hospital is a government subsided hospital, but patients still have to pay towards the care they receive. It is also not as substantially stocked as the local private hospitals/clinics with regards to equipment, and this reflects in the care that patients receive at the hospital. Medications are available for those with infections for example, with a standard pneumonia patient receiving doses of ampicillin and gentamicin, although this costs approximately 15 000 shillings (≈£6) but this is a lot for an average Tanzanian family. There is a limited stock of blood transfusions within the hospital for patients with anaemia, and the hospital has now implemented a policy that in non-emergency situations, blood will only be given to a patient if the patients family donate to the blood bank to replenish the stock that is needed, meaning patients with no family do not always receive much needed transfusions.

Basic investigations such as bloods and x rays are available on site, but again must be paid for. There are no CT, MRI or Echos available and so patients must attend a private hospital if these investigations

are required as they cost a lot more (approx. £50 for an echo which is beyond many family's means). This lead to a 3/12 child with suspected congenital heart disease not receiving an echo to confirm the diagnosis, as even if the family could have afforded the echo, the cost of the surgery to fix the problem was too far too expensive and so supportive care was provided instead.

The hospital also lacks access to ECG and ABG machines, but also more basic equipment such as a working oxygen sats probe/temperature probe on ward round, resulting in estimates being made of vital signs on unwell patients. There is a very limited supply of oxygen so unless a child is critically ill, they remain on room air despite saturations of 70 to 80%.

3. Within the paediatric department, malaria continues to cause serious disease in young people. Malaria nets are widely available but the cost of a net is not always able to be met by a family, and accommodation may not always provide suitable space to hang the net appropriately so that is works correctly. Additionally, some more education is needed in order to alert parents to the signs and symptoms of malaria – some parents still rely on more traditional medicines and herbs, and will not attend hospital until this has failed, but this can lead to serious delay in diagnosis, and higher morbidity rates. Charity provided malaria nets (from people like UNICEF) are helping to tackle this problem but many more are still needed.

Similarly, more education is needed with regards to HIV and AIDS. Advances in medicine have meant these conditions are much more manageable, but only if identified and treated early on. Many mothers choose to not use/pay for antenatal care and have a home birth, so many not even be aware they are HIV positive and at risk of passing this condition on to their child during labour. Additionally, there is very little routine testing for HIV so babies continue to be born without knowing their status. HIV testing is available within Mount Meru hospital for example, but costs money, and by the time patients are presenting with the symptoms of cryptococcal meningitis for example, the test would come too late to make a difference to long term outcomes.

4. Working in Tanzania was a very different experience to London. The local language of Kiswahili is commonly spoken, and although many of the doctors and nurses speak English, most patients do not and so consultations are conducted in Swahili. I was quickly able to find common ground with medical professionals and patients alike though, as when asked where I come from and answering England, patients answered back "ah, Manchester United…Chelsea". Non-verbal communication therefore became very important as although I picked up some basic Swahili phrases, smiling and high-fiving children enabled me to be able to build rapport without being able to speak the same language so that they would let me examine them.

The culture in Tanzania is also different to home, as empathy and sympathy in medical professionals is not so widely emphasised, with doctors instead taking a more dictatorial and authoritarian approach to management by telling their patients what the management would be. Uncomfortable situations such as stillbirths and resuscitations are dealt with using laughter to cope instead, which felt wrong compared to our home hospitals but is widely practised within medical settings.

Conclusions:

The experience of working at Mount Meru hospital was certainly an interesting one. It was great to see what healthcare can be provided to patients when limited resources are available, seeing how diagnosis and management can be completed without access to all the investigations we have in a typical Western hospital. At the same time, it felt like I regressed back to a 3rd year student again, with everyone speaking a different language, and therefore not fully understanding what was happening – much like when I started on my first clinical placement. Yet the people I have met, both from Tanzania and other medical and nursing students from around the world who were also at Mount Meru have made this experience amazing, as we all worked together to do our best for our patients.