

Zambia 2011

I had my electives in Lusaka: Zambia. It was in a rural area of Lusaka in a small hospital with 5 clinical rooms, 20 beds, 2 surgical rooms, a pharmacy and a diagnostics laboratory centre. It is run by 9 doctors and is open 24/7.

I experienced the political, financial, medical and social aspects of the hospital and I shall compare each one to the hospitals in the UK as I had intended to in my objectives.

Political – I find that there are certain political domains in the UK hospital atmosphere. These include levels of power, respect, autonomy to the patients and so forth. In terms of power – the 9 doctors mentioned all contribute to the running of the hospital. One of which is the main lead and he is the one that chairs the group of doctors and nurses to unity and a thorough workforce. There are no registrars, or junior doctors in the hospital, expect those who fly over from other parts of the world on electives. The patient to doctor relationship is similar to that of here.

Financial - The hospital where I worked charged full price, partial price, and no price to patients depending on the financial situation of the patient. This made the interaction between doctors and patients very interesting. It also made the medical expertise of the doctors very interesting to observe. On top of this, there were financial difficulties for the hospital. For example, they do not do certain tests like TB testing as this is too expensive. Also, ordering tests that are not absolutely necessary is thought of twice, three times, perhaps four times by the doctors as the hospital is run by all of them. Each has a part to play. It is not as corporate as the hospitals in the UK. Other doctors will know whether a doctor is using his brain the maximum or the resources to the maximum and therefore ones respect is on the line. For example, a patient presented the outpatients ill. He was a very young boy. Urea and electrolytes were done on him and were abnormal. The doctor saw that the patient seemed breathless and knew that he was in respiratory acidosis. He did not need to do an ABG and the patient was required to stay in hospital. He called his father who said that he couldn't afford it. The doctor was pushed to let him go home and decided to instruct him on what to do: how to monitor his observations (including water balance) and when to come back. Another example is of a patient who was in the hospital with suspected TB. They can not afford the tests needed to diagnose TB and so they depend on other factors – his ESR was very high and this along with x-ray and examination findings was all they could rely on to diagnose the patient. I didn't even know that a simple test like ESR would do that. Now I know to pay more attention to all of the values in the blood results, and the examination, etc to diagnose patients and not on my potential resources.

Medical – most of the cases were fairly similar to those in the UK. There are some differences. There are a lot of HIV positive people. There are a lot of infections associated with HIV. Stigma and finance prevent those who need HIV treatment from getting it. However, there are many HIV specialist clinics – there was one in the hospital I spent most of my time in and there was one in the rural community. Any person who presents with fever, no matter what other signs and symptoms they have, have to have a malaria test before treatment. I saw at least 2 patients diagnosed with malaria a day when I was there. I also spent some time with the radiologist. They still have the old system of plain x-ray – with the large equipment attached to the wall and ceiling, and the dark room which is very dark and they used to dry the x-rays on the tree outside, but they now have a small



compartment with a fan which dries the x-rays. They are soon to have a CT so that is a big jump and I they are very excited about it.

Social – The Zambian people are extremely calm and that reflects in the practice and the way a consultation is run. They are very simple people and most of them are uneducated. Most leave school at the age of 12-14 as past that stage, money is required from the families, because most of can't afford them. They also have large families. It is not unusual to see families with 6 children and parents. Therefore, they are simple-minded. Communication is different to here. They are not shy, and so it requires more education in the part of the doctor about medications and the importance of adherence than in the UK. For example, a headache and rash would not warrant the thought of something as severe as meningitis, and severe diarrhoea of a child is not sought help for until the person is in the critical stages. They are poor. I was living near a village and I visited a few of the houses as part of the church with a deacon who visits the people to encourage them to come back to church if they have been absent for a while. I found the condition of the houses were mostly quite simple. Most are made of bricks, and include a small room, maybe two, with or without a kitchen. Most of their time is spent outside where there are no drainage systems (only in the main roads) (see below for picture) and so there are small, dirty rivers and rubbish in the small streets between the houses. Not far away, there are larger roads with market shops selling simple food: mostly vegetables, coal, and live chicken. Some food is sold between the villagers. For example, a lady a saw on the streets had just gone fishing and was selling the fresh fish to her neighbours. There are a few cars there and most are pick up vans which carry people in the back seat (its really scary riding at the back. I couldn't sit on the edge of it and had to sit inside. However, the police do fine people in the front seats who don't use their seatbelts! See below for picture). The living conditions are quite poor and jobs are hard to find. This makes it difficult to seek medical help because they cannot afford it. This means that they go to the doctor when it is absolutely necessary.



In conclusion, I am really glad that I visited Zambia and spent my time with the simple and loving people of Zambia, experienced medicine, and have come back with a different view point in life. I hope to return.

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