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PAEDIATRICS

Elective Report

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Elective in Paediatrics at New Somerset Hospital, Cape Town, South Africa

Elective Dates: 22/04/13- 22/05/13

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The following objectives reflect my experiences of working in paediatric department of a public hospital in Cape Town, South Africa. My previous experience of shadowing in a paediatric department was at Colchester University Hospital. I have used these experiences to compare with the ones I had in South Africa, when discussing health care differences.

What are the differences in illness prevalence within Cape Town, South Africa compared to the UK?

Paediatric patients seen in casualty, if required admission, were placed into categories regarding severity of condition. There were two wards in the hospital, one that care for the severely ill and the other ward catered for patients who only needed admission for a few days. Most of my time was spent on the former ward.

It was evident early on in my elective period that there are marked differences in the prevalence of certain illnesses in South Africa compared to the UK. Among the paediatric admissions, approximately 60-70% of the admissions to New Somerset Hospital were due to malnutrition, during my elective period. This is in stark contrast to the UK. Protein energy malnutrition is a huge issue that kills, within the poorer populations of South Africa. I had never seen the assessment and management of malnutrition, throughout my time in UK hospitals, and so was alarmed by the numbers of children coming in every day who had been deprived of food and water. Unfortunately, during my elective period, South Africa was approaching the winter season. With the change in weather there was a rise in the number of patients with gastroenteritis. From my limited exposure to the illness, back in the UK, I presumed that this was a straight forward condition to manage. I was sadly mistaken. Gastroenteritis coupled with a background of months of malnutrition is fatal. During my elective a number of children passed away due to an acute gastroenteritis, making me question what other preventive measures can be taken to reduce an outbreak. The public health service in

South Africa have wised up to the condition, but educating the general population regarding the severity of the matter is proving difficult. Each child receives a health book, at birth, called 'A Road to Health Book'. As well as giving details of the child's growth and immunisations, there is information regarding what to do if the parent suspects gastroenteritis. However I feel that this is not enough.

As with many other countries in the African continent, tuberculosis and HIV infection is very prevalent. Tuberculosis is far more prevalent in Africa than in the Borough of Tower of Hamlets, London. Having done countless of placements in the east end of London I was well aware of how to treat the condition and the measures that need to be taken once an infection was been confirmed. The protocol in South Africa is quite different. Due to limitations in public funding for health, patients are not isolated and thus the risk of spread is far greater. Medical treatment remains the same between the UK and South Africa.

It is well known that Human Immunodeficiency Virus (HIV) infection is also very prevalent within South Africa, however this will be discussed in a later objective.

Above, a number of differences between the two countries with regards to illness prevalence has been highlighted. Nevertheless, there are also a number of similarities. During the winter months, in both countries there are outbreaks of respiratory tract infections. As I was in South Africa at the beginning of their winter season, I clerked a number of children suffering with bronchiolitis and croup. I have also come across these conditions during the winter period, in the UK.

The differences between health care provision in South Africa compared to the UK. Is the quality of health care dependent on social standing?

Though I only spent a short time working and shadowing doctors in the South African public health service, a number of differences regarding the standard of health care was evident early on. On arriving in Cape Town you a met by naturally a very beautiful city. The city is built under the shadow of Table mountain, but also opens up to the waterfront, and thus is a hub of tourism and wealth. On the outside the city appears vibrant and expensive, full of bars and clubs. You get the impression only the rich can afford to live here. Somerset Hospital is situated near the waterfront, around the corner from these bars and clubs. However, when you walk into the hospital you are welcomed by a completely different atmosphere. Waiting rooms filled with patients, patients who are poor and have no formal housing or running water. They are stricken by illness and financial burden. During the 5 weeks of my elective period I only saw one white patient. The majority of the patients were black or mixed race. All the patients I saw lived in areas known as townships. They were some of the poorest people in South Africa. This may be a huge generalisation, and probably something I am not qualified to say, but it does appear that though the Apartheid regime is over there is still a divide. That divide is a financial one. The poor attend under staffed public hospitals and the well off receive private health care, which is of a much better standard. Now this is understandable; if those

individuals who can afford an improved health service by all means they should take up what it offers. However, I believe the South African public health service needs to improve considerably. The gulf between the private and public health service is far too great. The UK health service is far from perfect, but the level of care is still far greater than the care patients in the South African public health service receive. There are a number of reasons why this may be the case. I believe that education is pivotal. It appears that the UK spend more time educating their patients and more emphasis is placed on health promotion. The task for South Africa is hard to rectify, but after speaking to doctors who work and trained there, it is obvious progress is being made.

Health related objective: Understanding the transmission of HIV from mother to child

As expected, HIV (Human Immunodeficiency Virus) in South Africa is a prominent health concern. It is estimated that 12% of the South African population are infected. If you exclude children from this statistic, that percentage rises to 18%. I saw a number of mothers that were infected with HIV, and was allowed to perform a HIV Rapid test (a screening tool used to identify children who had HIV transmitted from the mother) on their children. In South Africa, it is common practice to find out the HIV status of every patient that is admitted. Every child in the ward is expected to get a HIV Rapid test on admission. The test is readable within 5 minutes and is an effective screening tool. Mothers who intend to breast feed are still maintained on anti viral medication with the child also receiving Nevirapine during this period. This prevents mother to baby transmission. During my placement a number of mothers were not compliant with their medication and increased the risk of transmission.

Personal reflection and the experiences of working in a different health care system

During my elective I learnt a lot. Medical students in South Africa are given a lot more responsibility. There are benefits and risks with this. The benefits are that they improve quickly regarding the practical procedures involved in medicine. There are more opportunities to practice and perform investigations. The students there, though behind me in training, are more competent at doing lumbar punctures and bloods in paediatrics. I got the opportunity to do a number of venepunctures, sub dermal injections and putting in cannulas. I thoroughly enjoyed this part of the elective as it allowed me to undertake tasks that I had never done before. The majority of the times, I performed these tasks under supervision. However, I did feel that training in South Africa would result in gaining less support as medical student or a doctor. At times it felt like there was no structure in the ward, and it became very disorganised. Communication between the doctors and the nursing staff at times was non existent, which led to mistakes regularly happening on the wards. Fortunately none of these were life threatening, but did make the team inefficient at times.

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I enjoyed my time at the hospital. The doctors on the team were all welcoming and let me get involved. Then again, I would not like to train here full time. The lack of support is worrying. There was a time when I was alone with a very un well child and was not confident in what to do. I felt that there should have been more people around to help me, but all the other doctors and medical students were overrun with jobs or needed to see other patients. Overall, I enjoyed my time working in the South African public health system, but I reckon my mood may change if I had to train there.