Farrah Bahsoon

Elective Report:
Bethesda Hospital, South Africa

Introduction

I had decided during my time at medical school that I would love and appreciate some experience of medicine in a developing country, one that was set far apart from the NHS, with resources, disease and culture. I chose to come to South Africa as it had such a great reputation for visiting students and I hoped that I would be of some use.

Bethesda Hospital seemed like the ideal place to spend my elective, it offered a rural medicine experience whilst not being totally isolated. It was possibly the best decision I could have made.

Bethesda Hospital is a distict hospital that lies in the mountains of the Lebombo mountain range. It was opened in 1937 by the Methodist Church before being run by the Provincial Government of Kwazulu-Natal. It has 230 authorised beds and offers generalist level services to both inpatients and out patients and the community. It runs a 24hour trauma and emergency service alongside medicine, surgery, paediatrics and obstetrics and gynaecology. The hospital is also affiliated with 8 nurse led clinics in the community and also offers support to mobile clinics and gateway clinics, that aim to provide care for a wider population, many of whom too poor to afford the journey to the hospital.

Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health.

Since the advent of democracy in 1994 South Africa has had to deal with a growing and changing burden of disease, especially a preponderance of developing world health concerns in a middle income country. HIV and TB remain to be pandemic, there is an increasing burden of chronic disease and an epidemic of maternal, neonatal and child morrality. Equally important social factors such as widespread poverty, unemployment and income inequality create a climate of social exclusion that fuels crime, violence and substance abuse leading to an increase in trauma cases.

HIV

South Africa has the highest burden of HIV in the world, with an estimated 6 million people being infected. The prounce of Kwazulu-Natal is at the centre of the pandemic. Approximately 40% of the catchment area that Bethesda Hospital serves is HIV positive, with a maternal incidence of 40%. also, 80% of the hospital inpatient and outpatient ~~area~~ clientel are HIV positive as they are more susceptible to ill health due to the natural progression of the disease.

There is an increasing access to retroviral treatment leading to an increase in HIV prevalence in the area from increased ~~SE~~ survival.

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The reality at Bethesda Hospital was that HIV changes the landscape of the medicine practiced, every diagnosis made required differentials if the patient was HIV positive with all the additional investigations that entails.

Management plans require tailoring to specific needs and notions of the individual, many of whom were young parents that required many tablets at any given time. HIV in particular also adds another dimension of social issues, much of these are dealt with by HIV councillors, doctors and other trained allied health professionls.

To achieve good viral suppression and minimise viral mutation there needs to be a compliance rate of >90%. The population of patients that Bethesda Hospital and it's clinics serve are mostly poorly educated, poor and with a cultural predisposition of not discussing taboo subjects such as HIV, sex and sexual health.

To remain well doctors, nurses and other healthcare professionals work to educate and enpower patients to make the right choices concerning their health and that of their families, encouraging them to have open discussions about taboo subjects.

TB

Alongside HIV, TB is also epidemic in the area and as such will always be high on differential list.

There is a high prevalence of pulmonary TB with a low threshold for investigation + diagnosis. Extra pulmonary TB is also rife and always, almost, forms part of

a diagnosis & when nothing else can explain symptoms. Management of TB in the community can last several months with more than three different medicines that require strict adherence. Many patients can default on their treatment due to different decisions. Some may not fully understand the disease and the need to complete the dose of anti-TB drugs, many are lost in translation during hospital visits, community clinics and the pharmacy.

Malnutrition

Poverty is inextricably associated with malnutrition and disease. Lack of access to food and water adequate in quantity + quality to fulfill all nutritional requirements frequently leads to poor nutrition resulting in poorly functioning immune systems and thus an increased susceptibility to infection.

Sever acute malnutrition is the leading cause of death in the under 5 at Bethesda Hospital, even higher than deaths related to HIV. Unsafe water and lack of sanitation remains a key risk factor for diarrhoeal disease, coupled with lack of energy and a poor immune system can lead to a severly unwell child.

~~Improved~~ There is an improved detection of malnutrition in the primary health setting with the use of the Road to Health Chart, mid-upper-arm-circumference (MUAC) and properly functioning equipment such as scales and weights.

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Nurses at clinics away from the hospital are trained by doctors to recognise malnutrition in the under 5 and how to best begin initiating a management plan in the interim before the child is admitted to hospital for further treatment and specialist care if severe. Mothers are also educated on how best to feed their babies by midwifes and dieticians before they are discharged from hospital.

Describe Pattern of health provision in RSA +/- UK

South Africa is a middle income country with a GDP of US$ 311.00 per/person/annum. With a population of over 42 million the average life expectancy is 46.5 years for males and 48.3 years for females. South Africa spends ~7.1% of it's total GDP, equivlent to 40% + government expenditure, on it's two tiered healthcare system.

The public system serves 80% of the population and is unfortunately chronically underfunded, and as a result understaffed. The private sector caters for the richer 20% of the South African population that are usually members of medical aid schemes. The private healthcare sector also attracts ~80% of doctors and other allied health professionals.

Although the two tiered system is unacessable to the large proportion of south Africans the public system has suffered downfalls in management and infrastructure leading to reduced level of good quality care, albeit easier access.

There is a shortage of doctors working in the public sector of South Africa, 1:4219. The government addressed this by introducing mid-level healthcare providers, community service for all new dental + medical graduates and also with a cooperation agreement with CUBA.
South Africa is a signatory to UNs millenium Developmental goals which address the health needs of women and children in the country.
According to WHO South Africa has a maternal mortality of 310/100 000, infant mortality 41/1000 and under 5 mortality 57/1000.
There are also new measures to improve childhood immunisation uptake, strengthen school health services and prevention services for children.

Majority of healthcare in England is provided by the NHS which accounts for the Departments of Health budget, ~ £98.6 billion. The delivery of healthcare is managed by health authorities, un much like the provincial goverenments in RSA.
There is shil a private healthcare system available to those of means and health insurance. However recently the private sector has been used to increase NHS capacity
The NHS is free at the point of care for all eligible people. It has a stretched at the point of delivering good healthcare.
The primary heath care care system is led by General Practitioners, that can then refer for specialist help at large hospitals.

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The structure of the NHS is changing as the policies change, peoples perceptions of health changes and their expectations. Users of the NHS have very high expectations of the standard of care that they should receive, which is different to the expectations of patients in rural South Africa where little help if any is appriciated and welcomed.

Personal + ~~Career~~ Professional Goals

My personal / professional goals for my elective placement were to expand on my knowledge and clinical skills. To experience a different culture and different health beliefs and to enjoy myself.
I learnt how to use interpreters more and how important communication is with different people. There was a vast difference in understanding things between the patients here and in the UK.
I learnt new skills such as spinal anaesthetics + Lumbar Punctures and suturing skills.
Overall I would have loved to spend more time at Bethesda Hospital as I would have learned more and become more part of the team and the culture.