

Elective Report – Chris Hani Baragwanath Hospital, Johannesburg

Some of my elective learning objectives that I set out before leaving the UK were based on my assumption that I was going to be doing Accident and Emergency encompassing all medical emergencies and also a substantial amount of trauma as this is what Johannesburg is famed for and it is a particular interest of mine. In actual fact, the hospital I worked in splits up Emergency Medicine (dealing with all the purely medical emergencies) and Trauma (dealing exclusively with trauma and run by trauma surgeons). I was on the 'Emergency Medicine' elective and therefore didn't see a huge amount of trauma although I did manage to do one 12 hour trauma shift which proved to be a fantastic experience. Although it wasn't what I had expected, it turned out to be an invaluable experience and one which I think will be more useful to starting my job as an FY1 than the 'Trauma' elective would have been.

Chris Hani Baragwanath Hospital was originally built as an army barracks, was later a 'blacks only' hospital during apartheid, and now the hospital treats anybody who walks in through the front doors. It has the largest capacity in the world, although currently they are running at about 300 beds under maximum capacity due to staffing issues. It is situated on the edge of Soweto, one of the largest townships in the city of Johannesburg, and provides medical care for the entire population of Soweto, about 3.5-5 million people. It is on an enormous site and has all the major specialities. It is, however, only one hospital and therefore to provide healthcare for this number of people is a struggle. This became apparent to me during my placement, not so much because of the lack of expertise or the lack of high-tech investigations, but because the number of patients per doctor is so high.

The pattern of disease that was prevalent in the population with which I was working was very different to that which is seen in London. TB and HIV are extremely prevalent at Baragwanath and some estimates of the prevalence of these two diseases are over 50% of the population attending the Emergency Department. Although both TB and HIV exist in London the prevalence is far lower and the ability to isolate patients with active TB in Baragwanath is almost non-existent. This poses a significant risk to us as elective students and other healthcare professionals working in the hospital where the risk of contracting HIV from a needle stick injury is high. Masks were provided by the hospital for people to wear if they were concerned that a patient may have active TB but this was another risk we had to be very aware of. The population we were treating was very interesting, the prevalence of these diseases as well as the very low socio-economic status of our patients meant that they often

presented to the emergency department very late and their condition was therefore quite advanced. The pathology we saw there was far more advanced than I have seen in London and this meant for a very interesting placement.

The sad reality for a lot of these patients was that they had to wait an awfully long time to be seen by a doctor at busy periods. When these patients were often presenting late with advanced pathology, they needed to be seen quickly and this was rarely available. There was a triage system in place whereby people were categorised based on urgency but often there were 20 'urgent' patients and only 5 doctors in the department. Occasionally patients who were in the waiting room who had been categorised as 'urgent' would only be seen when they were so sick they were going into cardiac arrest. I saw two or three patients during my time there who were wheeled into resus in cardiac arrest who did not survive. These patients were often young, in their twenties or thirties. This was tragic and highlighted to me that although we were not experienced, the more patients we could see on our own as elective students, the more likely we were to see these patients and identify them as very sick, and get more experienced help. Having said this, the vast majority of the doctors I saw there were fantastic and it was purely the high patient load that led to these unfortunate deaths, not because of any negligence on the part of the doctors.

South Africa has private hospitals and government hospitals that are separate. In the government hospitals (like the one I was in) patients would be charged based on their ability to pay. When they arrived they were asked what their income was and based on that there was a tiered payment system. The ambulance service was a private service and patients were asked for their details of payment over the phone when they called an ambulance. If they couldn't pay and didn't have private health insurance then the ambulance service would ring to try to get state funding for the ambulance approved. This really highlighted to me how lucky we are to have the NHS in the UK and how important it is for us to work to keep it.

I made a few personal and professional development goals before I left for South Africa and I feel that I have achieved all of them. I wanted to learn how to suture and although I didn't do a lot of that I did enough to feel confident at interrupted sutures in an Emergency Department setting. Another objective of mine was to appreciate the differences between a resource poor healthcare system and our NHS which was very apparent to me and was a valuable experience. I definitely think that I have improved in my ability to manage an acutely unwell patient and my elective experience in Johannesburg has helped me to be more independent

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when thinking about diagnosing a patient and what management plan to follow. I hope that the experiences I have had will help me stay calm when faced with a very ill patient when I start my job in August.

Along with all the work at the hospital we had time to travel to see different parts of South Africa as well. It is a beautiful country and a fun place to visit. I will remember my elective for ever and I would highly recommend it to anyone interested in Emergency Medicine.