

Elective Report

My elective took place in Scottish Livingstone Hospital (SLH) in Molepolole in Botswana. I was based on the two medical wards (male and female), with 3 other doctors. The first noticeable thing about the medical setup was that all the doctors were foreign or had trained abroad, I was informed that this was because there is no medical school in Botswana (although it turned out that one was setup a few years ago and the first wave of doctors trained in Botswana would appear next year). . There is a private and public health sector with the public sector providing free healthcare for all citizens, the hospital I worked at was a public one.

The structure of the medical system is fairly similar to that of Britain (owing to historical links as Botswana was once a British protectorate and the relatively large wealth of Botswana due to diamond resources) with the main obvious difference of few resources. Most of the standard blood tests available (FBC, U+Es etc.) in the UK were available but had to be used more sparingly and blood tests were only ordered every 3 or 4 days. Ultrasound was the main radiological investigation used and X ray was also available but used far more infrequently. If a patient needed any more radiology they could be moved to the referral hospital in the capital but this happened rarely due to the cost and inconvenience.

The availability of warfarin was an excellent example of how the health system works in Botswana. When the doctor who was in charge of the medical wards came to the hospital from USA warfarin was not available to any patients. He decided this was unacceptable so he petitioned in the government and they agreed almost instantly. But other doctors were unwilling to prescribe it and extremely unwilling to help with monitoring so he had to set up a warfarin clinic and he is the only doctor in the clinic, as such there is a very long waiting list to be seen in the warfarin clinic and it ends up running multiple times a week.

Due to the very high prevalence of HIV in Botswana (the 2nd highest in the world at around 30%), before my elective started I expected that lots of the patients would be affected by it. However this doesn't quite cover the scale of the problem and nearly every in patient had HIV and the vast majority of the patients were in suffering with an HIV-related condition; the main problems being cryptococcal meningitis, PCP and TB.

Another obvious difference with UK health system is the language. All medicine was conducted in English, so it was spoken by all the staff but due to Molepolole's location outside of the capital and not being a major tourist destinations almost none of the patients spoke English. Instead nurses (or nursing students) had to be used as translators as they spoke Setswana.

Due to the lack of doctors I was able to gain experience with practical skills and ended up improved in cannulation and skin suturing especially.

My elective in Botswana was a very worthwhile experience as I gained knowledge about HIV and diseases around it as well as experiencing how health care can work with more limited resources.