Elective report

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1. ***What are the most common women's health problems in The Gambia? How do these differ from the UK?***

Female genital mutilation (FGM) is common practice in The Gambia, and often causes problems for women during labour. They are reversed via episiotomy during delivery, but this is often done by an untrained nurse with blunt scissors. One particularly traumatic delivery saw a nurse cut an episiotomy directly downwards towards the anal sphincter and the patient ended up with a 4th degree perineal tear.

Due to malaria, sickle cell and malnutrition, almost all women and children are chronically anaemic. It is not uncommon to see pregnant women with haemoglobins of 3 or less. All pregnant women are given 'FEFA' (folic acid) regardless of their clinical picture.

Any woman who requires a blood transfusion must first provide a relative to donate the same amount of blood the patient requires. This can be difficult as often women have travelled a long way to give birth and are accompanied by elder women who are not fit enough to donate blood. There is a small store of emergency blood which can be transfused in obstetric emergencies, however, it can take up to half a day from request to administration of blood and then this blood must be replaced by donation from a relative before the patient is discharged home.

2. ***Note the differences in health services provided in The Gambia compared to The UK, specifically in relation to women's health and Emergency medicine***

Antenatal care in The Gambia is fairly well structured on paper, but unfortunately the reality is very different. In theory all pregnant women receive free healthcare, however, in reality the doctors are required to check ID cards and antenatal papers, and if the woman does not have both of these she is charged. This is because a lot of women come over the border from Senegal. Antenatal scanning happens most mornings between 10am-12pm, but often can't happen because there is no electricity. There is solar light that can be put on, but this is very restricted. If a woman comes for a scan without the correct documents she has to pay 400 Dalasi, about £5.50. Not once did I see a beta-HCG blood or urine test, all pregnancies where detected using the scanner.

Labouring women are left to their own devises; only when a lady is fully dilated would anyone attend to her. As soon as they are fully dilated they are made to push. This leads to a lot of deliveries with no medical professional present as these women are often para 5+ and do not dilate fully before the second stage, but are instructed not to push until they are told to.

A&E is referred to as 'outpatients' and is more of a triage service than a care service. Patients aren't treated until they are admitted to one of the four wards; medical, surgical, maternity or paediatrics. There are next to no facilities in A&E, however, all patients get a chest X-Ray, because this is all they have. The nearest CT scanner is over three hours away in Banjul and costs 4000 Dalasi a scan. This means clinical examination is very important, but luckily one

patient was able to report he had no internal bleeding following a machete attack. The secondary hospital we were in offered very basic treatment and intervention, most patients were referred to Banjul, or left to die. Unfortunately, it was not uncommon to hear doctors say "They are going to die so no treatment."

3. ***Observe the impact of heath conditions such as malaria and HIV on general medicine in The Gambia and how such illnesses impact on the healthcare system and management of medical conditions***

I was surprised to find that HIV and malaria were not the big medical issues I encountered. It was not malaria season, so I only saw one case, although almost all women and children are chronically anaemic as a result of repeated episodes of malaria. I saw one young child with 'LVD' (HIV) which she had acquired through vertical transmission. She also had TB, an AIDs defining illness and would probably not live to see her next birthday.

I was taken aback to find the chronic health condition that I encountered the most, and caused a huge impact on health services was T2DM. Almost all Gambians over the age of 50 have it, and the surgical ward was full of ulcers, amputees and infections as a result. The population are not generally obese, but the amount of sugar and oil used in their cooking are consumed daily is horrendous. Each meal will have at least 500ml of oil, and all drinks are very sweet and full of sugar. It was impossible to find a diet coke anywhere!

Another common presenting complaint was 'Fall from a higt (height)' it was the start of mango season when we arrived and there was a lot of young boys 9-15 years who had fallen from mango trees. Luckily most escaped with a few lacerations or green stick fractures, but all were treated with antibiotics; even a boy who didn't have a scrape on him. He had twisted his ankle but was put on IV Gentamicin and Ampicillin. When I asked why, the doctor replied "We have had good results with antibiotics; we have almost no patients coming back with infections." When I asked him what he expected to get infected, he said skin infections were very common in children, and did not quite understand my statement that by that reasoning every child in The Gambia should be on prophylactic antibiotics.

4. ***Experience healthcare in a developing country, appreciate the effect if poverty on health. Keep a daily journal of experiences whilst on elective.***

Health care is certainly very different in The Gambia. Facilities are poor, as is drug availability. Simple urine infections are treated with Septrin; an antibiotic reserved for use in severely immunocompromised patients at home. Most doctors do what they can with the resources available, although this does mean a lot of unnecessary antibiotic use. There is also an attitude of 'we cannot help them properly, so what is the point.' This is very difficult to accept, especially when it comes to children. A major problem is the lack of drive and forward thinking on the part of The Gambian people. They don't seem to want to do anything for themselves to help improve facilities and often blame Britain for leaving the country in such an awful state.

Hard work also has a different definition in The Gambia. Work finishes are 2pm because 'the sun is too hot' to do anything in the afternoon and on a Friday nothing happens after 11am because of Friday prayers. One nurse I spoke to told me of his 'very busy' day. He had three patients on oxygen requiring hourly observations and four patients who needed four hourly NG feeding during his six hour shift. I had to restrain myself from telling him that sounded like the same amount of work a nurse in the UK does in less than thirty minutes, and they are probably on a twelve hour shift. This lack of drive and motivation is what I have found hardest and reflexed on a lot in the daily journal I kept during my elective. I found writing down the events of the day very helpful; firstly to help remember everything, but also to reflect and often rant about how the events of the day had made me feel. It can be easy to only focus on the negative events, as these tend to stick in one's mind, however, writing everything down at the end of the day means I can now look back and remember the good events too, as well as the funny ones, the sad ones and the bizarre ones.