Ha09838@qmul.ac.uk

ELECTIVE REPORT

During April and May of 2014 I spent my elective period at Mulago Hospital in the capital city of Uganda, Kampala. I did rotations in Cardiology, Emergency medicine and Infectious disease. During this time I went on ward rounds with the team, clerked patients and went to small group teaching sessions. I was also able to spend some time in the labs, go to a community outreach clinic and have lessons in Lugandan, the language spoken most widely in Kampala. I learnt a lot during my time at Mulago, including how a big hospital deals with a lack of resources and also experiencing diseases that are not as common in the UK.

Mulago is the national reference hospital for Uganda. Therefore, any patients from other parts of the country that cannot be managed by their district clinics will be transferred to Mulago. Uganda is a country in a tropical climate. For this reason there are some diseases, which are prevalent in Uganda but that may not be as common back in the UK. One of these is malaria. Malaria is a common disease for Mulago. In fact, it is such a problem that often patients who did not come in with malaria, will contract the disease whilst in hospital. There are nets available on the ward, but this remains a difficult challenge for the hospital. In Paediatrics, for example, each bed is provided with a net, but once the child leaves hospital, families often take the nets with them. This means that the next child arriving in hospital will not have barrier protection from malaria. Malaria is far less prevalent in the UK but in East London it can be far more common than the rest of the UK. This is due to the large migrant population from tropical parts of the world.

In rural clinics in Uganda there is a low threshold for diagnosing malaria and often patients are referred on having been diagnosed with malaria in the community when they in fact have another disease altogether. One such case I experienced whilst in A&E. The patient had been diagnosed with cerebral malaria in a rural clinic. The registrar in A&E asked me to clerk the patient as he thought it would be an interesting learning point. The patient was very unwell, shivering and covering his eyes from the light. It transpired that he actually had HIV and potentially cryptococcal meningitis. Cryptococcal meningitis is another disease that is more commonly seen in Mulago. It is far more commonly seen than in the UK. The rates of HIV in Africa are currently 5%. In Uganda they are 7.5%, a great achievement compared to neighboring countries like Tanzania (10%). In the UK the rates are 1.5 in 1000. That is 0.0015 %. However, in Mulago hospital the rates of HIV are as high as 70-80% according to the doctors. This is because of the demographic of the population that is represented along with the fact that the hospital has a large infectious diseases ward where almost every patient has the disease. It is a real problem in Uganda and does not come without significant stigma attached. Patients are reluctant to admit positive status. In fact, the term HIV is not commonly used. Instead, doctors say ISS, immune suppression syndrome. Seeing lots of patients with advanced HIV was a sad but useful learning experience. There are a number of manifestations of HIV

including changes in pigmentation of the skin and nails, cachexia and kaposi's sarcoma that doctor's at mulago hospital are very skilled at spotting.

In Mulago hospital there are diseases that are not merely less common, but in fact so rare that I, and many UK medical students have probably never even heard of. Whilst I was on the Cardiology ward I saw many patients presenting with gross ascites in the absence of proportional peripheral oedema. The disease they had is called endomyocardial fibrosis (EMF) and the history can present similarly to myocarditis. This is a mysterious disease with an unknown cause. It is only present in tropical parts of the world around the equator. A number of theories have been proposed including inflammatory, infectious (parasites) and nutritional deficiencies. It is not something you are likely to see in the UK but it was very interesting to learn about it.

In Mulago hospital patients must pay for investigations and treatment. However, there are some conditions that are treated for free, like HIV and TB. This will only cover 1st/2nd line antiretrovirals. Unfortunately, because patients cannot always afford the necessary test there are real limitations in care. Patients with heart attacks may only receive one ECG or half of the blood tests you would expect back in the UK. It is a real struggle. On the cardio ward, for example, there is only enough oxygen for 4 patients at a time. For this reason, patients will often have SATS well below 90 but not be started on oxygen therapy because the patients who are on oxygen may have had SATS of 70 or 80. The doctors face very difficult decisions due to the severe lack of resources.

In fact, the lack of resources influenced clinical decisions all over the hospital. From the tests ordered to the antibiotics available and the crowding of patients on the ward. It even permeated to the amount of staff available. For some of the time I was there, the junior doctors had been on strike due to lack of wages for many months. This meant severe understaffing. Consultants also have other commitments at private clinics and often left after the ward round to go to other hospitals. This is a necessary reality as without supplemental income they would not be able to support themselves. Nursing care is also drastically different in Uganda. Often the student nurses were on the wards as there was a severe lack of staffing. It is the responsibility of the family members to perform the large proportion of nursing care. This includes providing bed sheets, cleaning and washing the patient, cooking food for the patient and even raising alarm when the patient becomes more unwell. The family members would sleep alongside the hospital beds using only a mat on the floor. This is quite a strange sight at first as it is so different from hospitals in the UK. The patients also keep their medical records. This is another big contrast to the UK. In fact, it works very well. There are so many times on UK wards that somebody (often the medical student) is sent from the ward round to find the notes. This is never a problem in Mulago as the patient keeps all blood results, scans and notes in an envelope on their bed. However, there are some limitations on confidentiality and without curtains or any personal space on significantly overcrowded wards, it is inevitable that patients either side have almost total access to what is very personal information and ideally should be confidential.

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