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## Medical Elective Report

Bethesda Hospital, South Africa

April - May 2014

### Introduction

I spent my elective at Bethesda Hospital in KwaZulu Natal, South Africa. I wanted to experience rural medicine in the country I grew up in and specifically wanted to spend some time in a part of the country which I am unfamiliar with but is known for its richness in culture and landscape.

Prior to departing from the UK, I set some objectives which I will discuss in this report and in doing so, reflect on the things I have learned over the last few weeks at the hospital.

### Background

Bethesda is a general district hospital founded in 1937 by the Methodist church. It is located in the Ubombo mountains, in the northeastern corner of KwaZulu Natal (KZN). It has 230 inpatient beds and its services include: a 24 hour trauma and emergency department; medical & surgical wards, maternity & paediatric care; outpatient, outreach and community clinics, dental care and laboratory services.

There are currently 14 doctors working full time at the hospital alongside nursing staff and allied healthcare professionals including; dieticians, physiotherapists, psychologists and occupational therapists. Although there are currently enough doctors to run the hospital efficiently and safely, the numbers fluctuate from year to year depending on governmental allocations as well as allocations of overseas doctors (mainly from the UK). The referral hospital is about two hours drive away in Manzini and very complicated cases are sometimes referred to Durban.

The hospital serves the rural communities around Ubombo, where there is a high level of unemployment and poverty.



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Objective 1: Describe Patterns of Disease of Interest in the local population and discuss this in the context of Global Health.

Overall, South Africa has higher rates of communicable diseases such as HIV and TB compared to the UK and many other countries in Africa. KZN has the highest rates of HIV in South Africa, with approximately 40% of the population being HIV positive, many of whom are women and children. Many of the presentations to hospital and clinics are a result of HIV and its various manifestations. Despite these high rates however, the situation has improved greatly since access to free ARVs for all HIV positive patients was achieved a few years ago. Although one would need to analyse the statistics to assess if rates of transmission between adults and mother to child transmission have been reduced and to what extent, there has been a lot of focus on preventing HIV transmission (particularly mother to child) and reducing stigma attached to the virus from a public & local health level.

Whilst South Africa is a middle income country and is relatively developed compared to other developing countries, there are still high rates of childhood and maternal mortality. At Bemeda, many children present with severe malnutrition, acute gastroenteritis and sepsis (alongside all the other paediatric conditions). Although the hospital does its best to treat these children and reduce childhood mortality rates, there is still much to be done in order to meet the millennium development goals.

In terms of patterns of injury, the majority of patients who presented to outpatient emergency department were involved in motor vehicle accidents and violent injuries from assault or fights. South Africa has one of the highest rates of violent crime in the world - fuelled by high unemployment rates. Motor vehicle accidents, particularly faulty vehicles and drunk/dangerous driving, account for many trauma presentations to hospitals across the country.

Lastly, rates of non-communicable diseases are also increasing. With increase in development & technology,



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The pattern of disease is shifting. More sedentary lifestyles and poor diets rich in sugar has meant increasing rates in diabetes, ischaemic heart disease and hypertension. The burden of these non-communicable diseases is likely to increase over the next few years.

### OBJECTIVE 2) Describe the pattern of Health Provision in South Africa.

South Africa has a two-tiered healthcare system.

The public health sector, run by the government provides care for over 80% of the population with free healthcare supplied by hospitals & clinics. Depending on the area, many hospitals are poorly resourced and poorly staffed due to a lack of governance, infrastructure and huge socioeconomic inequalities across the country.

South Africa spends around 7% of its total GDP on healthcare, however, 80% of this expenditure is in the private sector which caters to roughly 20% of the total population. The wealthiest 20% of the population pay for healthcare in state of the art private hospitals and doctors' practices, creating a huge drain on the country's senior doctors and consultants.

Many of the rural hospitals are staffed by junior community service doctors and some more senior generalist physicians. There are also a number of international doctors who come to work in rural settings for a specified time frame.

As a result, there are few senior permanent doctors in rural settings and these hospitals have fluctuating numbers of doctors who have limited experience. - although it does provide an excellent training setting.

In contrast, the UK has a national health service which provides healthcare for the majority of the population and which accounts for a large proportion of the government's healthcare expenditure. The national health service trains all the country's doctors through to GP or consultancy level and most doctors will spend their whole careers working in the public sector. The NHS also drives research, innovation and public health. It is ~~one of~~ the largest employer in Europe and is well funded & resourced in comparison to South African health system.



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More recently however, there have been many changes to how the NHS is run and funded in the UK. Private healthcare initiatives are becoming more common within the NHS and it is uncertain how long it will remain a national health service which is free at the point of care.

Objective ③ Personal Objectives: to learn about different healthcare systems and to increase my exposure to rural medicine in South Africa.

Being at Bemeda for the last few weeks has allowed me to gain a deeper insight into the South African healthcare system as a whole. I have a greater understanding of the challenges faced by the community and by healthcare staff and have learned that ~~me~~ some of these challenges are local issues but others are systemic and require change at a national level.

I think it is really important from a global health perspective to learn from different healthcare systems around the world, to compare and contrast how resources are managed, what compromises are made and try strive towards a universal access to healthcare. I hope my time spent in Toronto in the next part of my elective will allow me to ~~gain~~ gain a deeper understanding of different systems.

On a more personal level, I'm really glad that I have been able to experience rural medicine in the country I grew up in and have many personal connections to. I have found it very fulfilling to consult with patients and work ~~with~~ alongside South African doctors and other healthcare professionals. It has provided me with an opportunity to see whether working in such an environment could potentially be a path I would like to pursue in the future.

My time in Outpatients, paediatrics and maternity has allowed me to learn more about local patterns of disease, how to manage conditions such as malnutrition, how to make important decisions regarding patients antenatal care and has ~~taught me~~ reinforced the importance of holistic care and understanding different 'cultures' of illness.

I have found the whole experience both fulfilling and meaningful and look forward to reflecting on my time here once I am back in the UK working in the NHS.

I hope to be back soon!