



REFLECTIVE WRITING

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In September 2013 I was extremely fortunate to attain a place at the paediatric department of Somerset Hospital for my elective. I have to thank Susan Rodriguez greatly for taking the time through many emails regarding dates and health checks to secure my place at Somerset.

I thought it would be fitting to first discuss why I chose Cape Town and New Somerset Hospital as my ideal destination to undertake my paediatric elective, and then draw my experiences from my expectations. I chose South Africa (SA) for several reasons. I wanted to be involved in a health system that is chronically underfunded, while at the same time have English as one of their main languages. Some may argue that the NHS fits these above criteria well. Indeed, there are certain financial statistics that are similar to both countries. In both SA and the UK both private and public sectors exist in parallel and the GDP spent on public health between the two countries differed by only about 2% (SA 8.8% vs UK 6.5%). However, when looking at the per capita expenditure (PCTE), SA spends \$437 while the UK spends over £1500 PCT. This was made very evident as I spent time on the ward.

Somerset Hospital is a charming hospital just off the waterfront of Cape Town's famous port. It is the oldest teaching hospital in South Africa; fittingly it looks like a charming old castle. I was assigned to two of the main paediatric wards; Ebdon and Barkley, which are respiratory and gastro wards, respectively. Barkly generally served sicker children too.

Probably the main difference in South African government hospitals is that the vast majority of patients are black. In fact, while I was at Somerset there was only one child that was white. This is very different in comparison to the melting pot of London Hospitals; particularly East London, where I have been studying for the past 6 years. There are about 10 official languages of SA. But I believe that most mothers/carers of patients spoke Zulu or Xhosa. Most family members were able to speak English at an understandable level. However, on occasion their English would not be good enough to get an adequate history from, which would actually also happen a lot in East London during my training. So, it was nothing I was not used to. In this case I was always able to get help from the other doctors on the wards who all spoke English perfectly. There were two questions I often questioned myself with regarding the patients:

1) Where are the fathers of the children? There were only a handful of children that I saw that were accompanied by fathers. The majority of the time they were accompanied by their mother or grandmother. I thought that this was probably because the fathers were busy working or were in many cases not involved in their children's lives.

2) I did wonder what the patients carers thought about being cared for by a medical team that was almost always completely white. Did they ever think about this? For me it was very apparent when considering the strong racial influences the country has had since the second world war. However, it is possible that they don't think about it because they are too worried for their children.

I spent my first few days on Ebdon and then moved onto Barkly. My first few days on Ebdon allowed me to get a better understanding of how health care is managed differently in South Africa with regard to day to day duties.

I moved quickly on to Barkly because I found the complexity of the medical and social problems far more interesting, and resultantly felt that I could learn more from the patients and doctors in the limited amount of time that I had. Patients here would come in mostly with malnutrition or gastroenteritis. The degree of malnutrition that some patients would come in with would occasionally be very shocking. If a child would be admitted into an English hospital in a similar nutritional state as the ones in SA, the parents would probably be charged for child abuse. Unfortunately, the majority of malnutrition cases I saw were a direct result of the level of poverty present in many black communities in SA.

Day to day I would arrive on the ward at 8.30 am and start seeing patients that had already been clarked onto the ward, in order to present the patient on the ward round. This would involve looking at the notes, taking a quick history, examining the patient and then summarising all the relevant past information and my examination findings in their notes. I have to admit that at first I was a bit overwhelmed and underprepared for all that was expected of the presentation of patients on the ward rounds. This was not helped by the fact that I have near zero experience clarking paediatric patients from back home. However, because of the supportive nature of the doctors and medical students on the wards, I was able to determine and include all the necessary aspects of the history to include in my review and presentation. This included retroviral status (of both mother and child), vaccination history, nutritional status, hydration status, weight and height, to name a few. As the weeks passed my confidence grew and I began to feel a part of the team. As well as wanting to learn as much as possible, it gave me great pleasure to know I was helping the doctors on the wards, who are at times overwhelmed by the large number of patients on the wards. It seems as though large numbers of patients come in unexpected waves. At times the wards can be spacious and calm, and then you get to the ward the next morning and suddenly the ward is heaving with sick children with little space to work with.

My time at Somerset has been a vital one for my personal and medical development. I learnt so much at the hospital, including vital skills of how to do ward work, particularly in a paediatric setting. I feel much more confident with starting my own house officer job in August. My experience was made so much better because of the quality of the doctors and medical students at Somerset Hospital. I was very impressed with their depth of knowledge and level of commitment to the patients on the ward.

I want to thank all the paediatric staff on the wards, with a special thank you to doctor Richards for taking me under his wing and supporting me through my time at Somerset.