ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Over the course of my elective, I was able to appreciate and fulfil all the learning objectives which I had set out prior to my elective. I undertook my elective in Botswana, where the HIV/AIDs epidemic severely affected a large percentage of the population in the late 1990s and early 2000s. As a result, a significant proportion of that population were left with several co-morbidities, with cancer being one of them. This, in turn, affected the rates of diagnosis but also the number of patients who were affected by the disease. With respect to my first objective regarding the comparison of the provision of oncology services, in Botswana, compared to the NHS, it was interesting to note several differences. Firstly, healthcare in Botswana is free at the point of service for the citizens of the country, and so these patients have full access to care, irrespective of their ability to pay, something which is similar to that of the NHS. Having said this, what was striking was the speed in patient waiting time, despite fewer resources. From the time of referral, patients would be seen by a specialist within a few days. Interestingly, prior to specialists seeing patients, an MDT would be organized in order to fully discuss the patient's history and prospective plans of treatment. Something else which struck me was the cohesion between public and private healthcare services. Due to the fact that government hospitals are often resource depleted, be that because of scans (MRI/CT scans), or even medication/radiotherapy, patients would often be treated in both the private and public sector. This meant that there was an overlap in their care, but despite this, treatment was often commenced in good time. Interestingly, the government pay for all forms of patient care, whether private or public and this would often include travel and accommodation costs, something different to our system. Finally, because of the lack of screening programs for common malignancies, patients are often only seen at late stages of disease. To me, this highlighted the importance of local screening programs and the advantages that the NHS has in attempting to diagnose and treat cancer as soon as possible. Part of the reason for this is the lack of access to primary care in Botswana, that we in the NHS are quite privileged to have. Barriers to care, such as access to doctors or even simple factors such as people living in rural areas, mean that it is often difficult to follow-up patients who are not local to service provision. These were some of the small, but interesting differences that I noted whilst on my elective placement in Botswana.

With respect to my second objective of improving clinical skills, from history taking to procedures, I had plenty of learning experiences. From day one, I was thrown into the deep end. I say this, because whilst there are a number of doctors on the wards or in clinics, the ratio of patients to doctors, is far less than what we have in the NHS. As a result of this, younger, more inexperienced members of the team such as medical students played a pivotal role in patient care. I was often tasked with clerking, as well as performing initial examinations and investigations ranging from blood tests to imaging referrals. Whilst this was challenging in its own sense, I was able to learn a great deal as it highlighted to me both the strengths, but more importantly the gaps in my knowledge. In the UK, we rely on a specific number of equipment when performing procedures, but in Botswana, due to the scarcity of certain packs of equipment, a more 'minimalistic' approach was often necessary. For example, I had previously learnt how to take blood using specific needles, which weren't available in Botswana, and so using a needle and syringe to draw blood was something that I had to quickly adapt to. Furthermore, because there is less 'manpower', I, alongside other members of the team, were often required to do more complex procedures such as lumbar punctures and chest drains, something that I had never done before. This came with its own challenges as well as a feeling of inadequacy, but I was able to quickly learn from those around me and proved to myself that I am able to adapt to various situations. More importantly, because of the language barrier, I was often forced to communicate to patients in a manner that is different to how I was previously taught. Using simple body language, or even other types of communication such as writing or drawing things out, I was able to take histories from patients who did not speak English as their first language. These experiences have been invaluable in shaping the beginning of my career and provided me with learning that I hope to take with me over the next few years as a junior doctor. Learning to overcome difficulties and becoming uncomfortable with not knowing, was one of my biggest takeaways, whilst also improving my clinical skills, in ways I did not think I would.

Regarding my third learning objective—understanding the impact of cancer on a population affected by the HIV/AIDS epidemic—I found the experience particularly insightful. Although advancements in HIV diagnosis and treatment have been significant, the disease continues to heavily influence the population and its healthcare system. Cervical cancer, closely linked to the human papilloma virus (HPV), remains highly prevalent among women with HIV in the region. Despite strong governmental efforts to enhance screening and vaccination, cervical

cancer was one of the most common cancers I encountered during my time there. This contrasted with our healthcare system, where screening is strongly emphasized for women starting at age 25, underscoring the importance of early detection in disease management. While the exact interactions between HPV, HIV, and cervical cancer are not fully understood, I observed a notable correlation among the patients I saw in clinics and hospitals. Limited access to screening and vaccination often led women to present with more advanced stages of the disease, restricting their options for curative treatments like chemotherapy, radiotherapy, and surgery. Another key learning point for me was the use of palliative care in cancer patients, which I had not previously encountered. My placement in Botswana highlighted the growing role of palliative care in managing cancer as a chronic illness, providing symptom relief for patients with advanced disease. It was particularly striking to see younger patients (40-50 years old) receiving palliative care, not necessarily because they were nearing the end of life, but to improve their quality of life while living with cancer. This experience emphasized the importance of medications that can enhance comfort and quality of life for palliative patients.

Finally, regarding my objective of deepening my understanding of clinical oncology and engaging in projects, I am profoundly grateful for the opportunity. The principles of clinical oncology are constantly evolving, yet I gained a comprehensive understanding of the general approaches to managing various malignancies. One aspect that particularly struck me was the modern approach specialists take in treating cancer. With advancements in pharmacological therapies, patients with certain cancers, such as breast cancer, can now undergo life-long chemotherapy aimed at suppressing the disease rather than achieving a complete cure. This approach revealed significant benefits for patients, including an improved quality of life due to the reduced need for frequent chemotherapy or radiotherapy sessions and fewer side effects from cytotoxic infusions.

Additionally, I had the privilege of participating in a project titled "Palliative Patterns of Radiotherapy in Botswana." This project involved analyzing patient data and examining the radiotherapy doses administered for various malignancies. It provided me with a valuable glimpse into oncology research and its impact on patient care. I found it fascinating to see how palliative radiotherapy is tailored to meet the specific needs of patients, enhancing their quality of life even in advanced stages of cancer. This experience has inspired me to pursue further involvement in oncology research in the future, with the hope of contributing to advancements that improve patient outcomes and care.

Overall, my elective experience in Botswana, has provided me with skills that I will hope to continue developing over the course of the next few years. It has provided me with both insights into public health and its importance in improving the delivery of patient care with the ultimate aim of impacting the patients we treat. I would like to thank Dr Kasese and his team for allowing me this opportunity as it has been invaluable for my future career.