ACCIDENT + EMERGENCY

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Elective Report

A+E/ Medical Casualty Livingstone General Hospital South Africa

My learning objectives for my elective were to compare and contrast the accident and emergency departments of South Africa with that of London.

I was to see if there were any differences in the method of care as well as the resources available.

I carried out my elective in the casualty and trauma department of Livingstone General Hospital, Port Elizabeth, South Africa.

Livingstone hospital is a large general hospital located in the small sea-side city of Port Elizabeth in the eastern cape of South Africa. The hospital is a public hospital, which is of significance in South Africa as there are private hospitals and there are public hospitals. Public hospitals are government funded and notoriously thought of by South Africans as providing below-standard care due to the poor conditions and lack of availability of resources. For this reason, if you are a South African and fairly well-off financially, you pay medical-aid and go to a private hospital. If you are poorer, you go to a public hospital. During the times of apartheid before private healthcare in South Africa however, Livingstone was the hospital that the black people would go to.

However with the football world cup 2010 hosted in South Africa many trauma and A+E departments were rebuilt. Livingstone's A+E department is therefore state-of-the-art and looks no different to any large tertiary hospital A+E you would find in London.

Once patients are seen they are triaged into medical or surgical cases. I predominately spent my time in trauma and in the medical casualty section. I was amused to see the interns carrying 'Oxford Handbook of Clinical Medicine' and to see that nearly all of the equipment was the same. When taking bloods the blood tubes read 'made in Portsmouth, UK'. In general the system works very similarly to what it does here. There is a post-intake ward round that takes place in POC (where medical emergencies go) lead by a consultant with the two interns who have worked overnight presenting the patients to the consultant. Management plans are made and the Consultant decides if patients should be referred to the ward or treated with a view to discharge later that day. Due to the sheer mass need of medical help the hospital currently struggles to meet demand. Therefore casualty can sometimes end up looking like a massive ward. Patients can sometimes stay there for up to a week before a bed is available for them on a ward.

Many patients come from local TB hospitals with deterioration in their health. It is sometimes very difficult to get patients back to their hospitals and many of these patients are also co-infected with HIV which makes their management quite complicated.

The major difference between Livingstone and say A+E at The Royal London was the availability of staff.

The nursing staff work tirelessly and there simply aren't enough to go around. Therefore many family members come in to wash their relatives and to feed them as patients aren't able to clean every patient every day. Whilst medical resources were present simply things like blankets were sometimes low in stock due to theft by some poorer patients so family members would also bring in blankets and pillows for the patients. There were usually only two fy1's (called interns in South Africa) with one SHO. It is ridiculously busy, with patients constantly arriving in destitute states. It was tough-going from the beginning. The interns in South Africa generally work 30 hour shifts. That, I've been told is similar to what was worked in England many years ago before the EWTS. Whilst on one hand this means that you are physically exhausted at the end of your shift it does however mean that you get to experience a lot more than the average FY1 in England.

The interns in South Africa are at the level of registrars in the UK in terms of practical and diagnostic skills. They can intubate any patient. Perform chest drains and lumbar punctures. Once they have finished clerking patients they can send patients for CT scans as well as many other procedures without having to have a seniors approval (something very different than the UK!

Whilst in South Africa I got to perform a number of lumbar punctures, something that South African medical students learn to do in 3rd year but something I'd never done here. I also got to perform chest drain insertion, a valuable opportunity.

The majority of the patients that I saw in A+E were HIV +ve and many were TB infected. The pathology they presented with was a mixture of illnesses relating to these two primary diagnoses. TB meningitis was common, as well as uncommon opportunistic infections as a result from having HIV/AIDs. On my last shift I performed a lumbar puncture for a patient who had come in with a headache. However with a CD4 count of 50 it couldn't be just investigated as a normal headache as one would in UK therefore the lumbar puncture was performed and the results showed that the young gentleman had Cryptococcus meningitis; a very exciting diagnosis that I would be very lucky to ever make in the UK.

I found my time in A+E in South Africa both physically and mentally draining and rewarding. The skills I learned there would have taken me years to learn in England. However some of the cases I came across were very emotionally difficult to deal with. The hospital doesn't have many elective students and I was quickly made a member of the team. I remember being called into resus with the other interns to try and put a cannula in a patient, a prisoner bought in by ambulance, who was bleeding from his mouth, ears, and nose. The interns dealt with the case without batting an eyelid however I was very stressed out during the episode.

One thing that I felt that patients could benefit greatly from is nurse specialists and information leaflets. Things that we have in abundance in England and take for granted. Many patients came in with ridiculously high blood pressures and terribly uncontrolled blood sugar levels. Many patients suffered a stroke and MI as a result of problems that are generally controlled in the community in England, but due to the lack of staff it is difficult to have these services in South Africa.

In conclusion I am very happy that I chose Livingstone Hospital for my elective. I was born in that hospital so it was a personal choice and I wanted to try and give back however I could to my community. I learned so much in my time there and am grateful to the wonderful staff who work there.