

### Elective Assessment – Appendix 3

**1. Describe the prevalent medical, obstetric and gynaecological, and paediatric conditions in Togo. How do these differ from the UK?**

In Togo the common medical conditions include ischaemic and haemorrhagic strokes occurring in young patients (often less than 50 years old). Other common medical conditions include infectious causes due to malaria. In the UK ischaemic strokes are seen in the older generation and are treated rapidly, however haemorrhagic strokes are not seen as often in the UK. Infectious causes are not prevalent in the UK.

The common obstetric and gynaecological conditions include pre-eclampsia, eclampsia, and fibroids. Many pregnant women presented with elevated blood pressure to the maternity wards.

The common paediatric conditions were malaria, respiratory infections, diarrhoea, anaemia, malnutrition, asphyxia, meningitis, HIV, TB and tumours.

**2. How are medical services organised and delivered in Togo? How does this differ from the UK?**

In Togo, all medical services need to be paid for upfront. For example, when a person is admitted to hospital, normally they are accompanied by a family member who are there to pay for their medical treatment. Once the doctor has performed his initial assessment of the patient (history, examination and management plan), he then requests investigations to be performed. These request sheets are given to a family member who has to pay for these at a pay point and return to the doctor with a receipt, only then investigations can take place. Of course, if the patient does not have any family members present, then this process becomes problematic, as the patient cannot be investigated or treated. Other flaws in this system are that in the emergency scenario waiting for payment from family members can mean the difference between life and death.

The Togolese people also have poor knowledge in regards to medical conditions. And this is not helped by the fact that doctors do not explain to the patient or their family what illness the patient is suffering from or even their prognosis. For this reason many relatives may have delayed paying for medication as they had not fully understood the gravity of the situation.

There are some Togolese patients who have medical insurance; however it becomes difficult to know if they are covered unless they have their insurance card on them. With insurance, medical treatment is free or reimbursed.

In the UK, healthcare is free due to the NHS. Therefore, no matter the social standing of the person, they will receive the same level of care and will not be discriminated against. Furthermore, in the UK, patients and their relatives are provided with information about their illness and probable prognosis, and they have the right to know. Patients in the UK have more autonomy and knowledge as compared to Togolese people.

### **3. How does the health of the Togolese population differ from those in the UK?**

The Togolese in general have a poorer health than those in the UK, simply because they are not routinely diagnosed with conditions such as hypertension or diabetes, or they have a diagnosis which is not followed up or treated. This thus leads to them having a shorter life expectancy in comparison to those in the UK.

Furthermore, as the Togolese have to pay for their healthcare, often if they are ill and do not have sufficient funds to pay they do not get treated, and as a result their illness worsens. Therefore many Togolese people suffer from treatable conditions due to poverty.

In theory, the Togolese people should be healthier than those living in the UK, as the Togolese are more active and eat healthier in comparison, however as they cannot afford healthcare they have poorer health.

#### **4a. Practise history taking and examinations in a developing country, how does this differ from the UK?**

History taking differed to the UK as patients in Togo spoke mainly the local language Ewe or French. Therefore, although I did ask the patients questions in French, this proved difficult when they spoke Ewe. Furthermore, the Togolese doctors used a different template for history taking as compared to those used in the UK. In Togo, the doctors had minimal communication skills, with them not performing simple tasks such as signposting. For example, they would ask a patient's sexual history without any warning or discretion.

Examining patients in Togo was again different to examining them in the UK. Togolese doctors had their own examination schemes, for example in the UK during a respiratory examine I would also examine the head and neck lymph nodes, whereas in Togo there is an examination just for all the lymph nodes in the body.

Although I was able to practise history taking and perform examinations, they are a lot easier to practise in the UK as compared to Togo.

#### **4b. Reflect on the positive and negative experiences of the elective**

The positive experiences were that I was able to see many interesting cases which I would not normally see in the UK, for example patients having strokes in their 20s and cases of cerebral malaria. Other positive aspects were that all the doctors were friendly and helpful; furthermore I got to improve my French medical knowledge which will no doubt help me in the future. Finally, in addition to my hospital placement, I got to visit many orphanages.

Negative aspects of this elective included witnessing doctors shouting and hitting patients. In addition to this I was shocked to see that the hygiene standards were so poor. Other negative