

GENERAL  
MEDICINE

## ELECTIVE REPORT

### 1. What are the prevalent conditions presenting in Tanzania Hospital?

I did my elective at Mnazi Mmoja Hospital in Zanzibar, as there was no A&E services, I did my placement in general medicine. The main conditions that patients presented with were diabetes, hypertension, anaemia, cardiovascular accidents, malaria, congestive cardiac failure, renal and liver failure.

I spent time in both the male and female medical wards and patients often presented late to hospital mostly brought in by family members or neighbours. The most prevalent condition was hypertension often leading to a stroke.

### 2. How are the medical services managed in a country with limited resources and how does this differ from the UK?

The medical services are managed very differently in Zanzibar compared to the UK due to the lack of resources. Doctors have to rely on their communication skills, examination skills and clinical judgment rather than investigations to make a diagnosis. Mnazi Mmoja Hospital only had one ECG machine, one CT scan, one echocardiogram and a few x-ray machines for the whole hospital leading to delays in obtaining results. Specific tests such as ABG, tumour markers, hepatitis screen and haemolytic screen are unavailable. In addition, in contrast to the UK, patients have to pay for their treatment and investigations which many unfortunately cannot afford. I saw a young lady with an abdominal mass, an abdominal x-ray was performed and the doctors suspected ovarian cancer. However as she was unable to pay for an abdominal CT and tumour markers were unavailable, the patient had to be discharged.

The ward rounds are run by a consultant, sometimes one junior doctor and many medical students, it can be as large as 15-20 people on the round. The students act as junior doctors and even though we were only in their third year of their training, they are the ones that took a full history, examined and started managing the patients. I noted a lack of gaining consent, lack of privacy for the patients and insufficient qualified staffs on the ward round. Interaction with the patient during the round was quite short and possibly not enough information was given to the patients about the suspected diagnosis and investigations required.

This is very different in the UK, where doctors have ward rounds in teams, privacy, gaining consent and communication with the patients are essential.

Hygiene is other important point to address. Aseptic techniques were not always followed likely to be due to lack of resources and training differences. For example, in theatres, there was a problem with the air conditioning leading to a leak onto a patient. In the UK, I recall attending surgery in my third year where a heart surgery was postponed due to a leak in an operating theatre until another theatre was available. Aseptic technique is essential to reduce risks of infections.

### **3. Child health: to compare management plans of ill children in Tanzania and in the UK.**

At Muhimbili National Hospital, I spent most of my placement on the paediatric oncology ward. Since in UK, I have not attended any specific oncology placement, this was quite challenging but it was also a good opportunity to learn about this specialised field. There was about 12 children on the ward and the main types of cancers were leukaemia (ALL), Burkitt's lymphoma, osteosarcoma and rhabdomyosarcoma. I also saw a patient with Kaposi Sarcoma who had metastasis leading to ascites and pleural effusion. I learned about some of the medication which included vincristine, metotrexate, L-asparaginase, 6-mercaptopurine and dexamethasone. The ward round is run by an International doctor therefore the management plan and medication used were very similar to the UK. Treatment of all children on that ward was free, however on other wards, patients had to pay. Facilities on the ward at this hospital were better than in Zanzibar but still poor for example insufficient oxygen saturation machine and ECG machine. The consultant does a lot of teaching to the whole team including the doctors, nurses and students about hygiene, nutritional status, bed sores, monitoring patients, wound care, fluid status and oxygen. In addition, compared to Zanzibar, the doctors had good communication with the children's parents especially good explanation about the medications and tests required. This helped the parents and made they feel part of their child's care.

I also attended various clinics: anti-retroviral therapy, cerebral palsy and a general paediatric clinic. In the anti-retroviral clinic, I learnt that most children were affected with HIV because it has been passed on by their parents. They had to attend the clinic every month to get their free medication. Regarding cerebral palsy, the most common cause was birth asphyxia. Also, due to high illiteracy rate and poor antenatal information, mothers tend to opt for home delivery and delay receiving help if any complications occur. The children with epilepsy were treated with the same medication as in the UK except gabapentin due to high cost of the drug. Management as in the UK involves a multi-disciplinary team approach but there seemed to often be a delay in referring. Regarding the life of a child with cerebral palsy, I learnt that most of them are unfortunately isolated in villages or sent to care homes.

**4. Personal development goals: To further develop my practical and communication skills and to reflect on areas I can improve on.**

During my placement at Mnazi Mmoja Hospital, I learnt that language was a big barrier to communicating to the patients, taking histories and examining patients. I required help from the local students to help translate. I tried to use alternative non-verbal method of communication with some success, however examination such as neurological and detailed histories were more difficult. I needed to be aware of cultural issues, the wards were separate for men and women who are not often seen outside the hospital, examining through full clothing and religious beliefs. In terms of personal development, I need to further develop my examination and communication skills which I was not able to practice much during this placement due to language barrier as to rely on my clinical judgement more than investigations results. In addition, I need to build my knowledge on tropical diseases especially malaria.

During my placement at Muhimbili National Hospital, I saw some advance cases of oncology, a child with Kaposi sarcoma and metastasis unfortunately passed away after a few days, a child with osteosarcoma in the femur was not even able to stand and a child rhabdomyosarcoma in the chest had a pleural effusion and possible bone metastasis. Due to late presentation of these children, there was no treatment available except palliative care which I found quite difficult to accept. I believe I need to prepare myself further in dealing with these types of situations. In addition, I need to build on my general paediatric knowledge especially the different types of cancers and their treatment.