

SSC 5C – REFLECTIVE WRITING

Nikita Pattni**1: We will be exploring tropical medicine in both the middle and working class in South Africa, and how the prevalence of diseases differs from the UK;**

We were based in a public hospital; King George V Hospital in Durban, South Africa. It in itself is a specialist TB hospital so we had exposure to both TB and HIV in vast amounts. However, when talking to the other doctors there we learnt that mainly drug resistant TB was treated in King George V Hospital and that the prevalence of TB in South Africa is huge. This is largely due to the fact that the prevalence of HIV is also very high and the two co-exist in many patients. This differs to the UK where we rarely see TB and if we do, the patients are in protected side rooms whereas they are on open wards in King George V Hospital and the staff must wear N95 masks to protect themselves from infection.

Psychiatric illness is also hugely prevalent in King George V hospital, partly because it has an interconnected specialist psychiatric unit but also because the psychiatric disorders are seen in greater numbers in HIV positive patients. The UK also has many psychiatric patients however; they are rarely treated in main hospital wards and almost always stay in psychiatric hospitals, whereas in South Africa the psychiatric patients must remain on the general wards for 72 hours before transfer to specialist wards.

In the UK we also see many patients with other chronic diseases such as ischemic heart disease, hypertension, diabetes, COPD, asthma and chronic liver and renal failure. Whereas in South Africa the other main chronic diseases are ischemic heart disease, hypertension and diabetes, and others are not as common.

We were unable to see the difference between middle and working class hospitals in South Africa.

2: We will be exploring the different treatment options available to both classes in South Africa and how that differs to the UK;

The main reason for differences in treatment options available to patients is the funds that are available to the hospitals in the public sector in both countries. In the UK the funds are sufficient to treat patients to a good quality of care, however in South African public hospitals the funds available to the public hospitals do not meet the needs of the patients.

A few similarities exist such as the treatment for TB and HIV which remains largely the same in both countries. However, for some diseases such as chronic renal failure; the treatment varies greatly. There are no facilities to dialyse renal patients or offer them transplants in South Africa which we take for granted in the UK, patients are treated palliatively and their symptoms are controlled as best possible.

Psychiatric patients are also treated differently in South Africa as mentioned before; they do not receive specialist care until 72 hours have passed with them on the wards. This is the case for most

specialists as there are far too many patients to be seen urgently. However patient care is not compromised as the family medicine doctors have a broad range of knowledge.

3: How public health and education has affected the prevalence and treatment of TB and HIV in South Africa in the past few years;

During our visit to South Africa we spent a day observing the local medical students do presentations on family medicine. One group focused on the importance of educating HIV positive patients and the effect education has on compliance of medication. There is a national scheme in place whereby HIV positive patients must attend 3 seminars on anti-retroviral medications before they are started on them so that patients understand the importance of medication and are more compliant with taking their medication.

On the wards, Doctors also educated patients and explained the importance of compliance with medication to all patients with TB and HIV. Most patients were already aware of what TB and HIV are and how they are treated as they are such prevalent diseases in South Africa.

4: To develop personal skills and gain life experience we can apply to our careers in the future;

This elective period has been a very useful learning experience for me both in terms of being a good doctor and generally in life. The main thing I noticed in South Africa is that the people are much friendlier than the UK, they have time help strangers and doctors too are friendly and helpful no matter how high their work load is. This is one thing I can definitely aim to imbibe in my own life as it makes the working environment much better as a whole and makes you a better team member.

Another thing that I noticed from being with the doctors is their ability to prioritise tasks, although the doctors in South Africa and UK may have different responsibilities, the overall priority to both is patient care. Even though the doctors in King George V Hospital had an immense work load, they would prioritise tasks so that critically ill patients were always seen first and sometimes less urgent cases had to be put further down the list. I hope to be just as good at using my time effectively as a doctor.

The experience has also highlighted the importance of good communication with patients. No matter what country a doctor is in, good communication skills are essential for good patient care and effective team work. A patient's culture and background also plays a crucial role in their treatment and needs to be explored in order to aid in patient compliance. If there is open communication between doctors and patients only then can doctors elicit particular concerns that patients may have and they can then be addressed accordingly.

Overall I feel that the experience has helped build my self confidence being in an unknown environment and will contribute to me being a good doctor in the next few months.