KULJIT SAHOTA
TROPICAC MEDICINE

SSC 5C Reflective writing

We will be exploring tropical medicine in both working and middle classes in South Africa and how the prevalence of diseases differs from the UK:

I was based at a public hospital called King George's in Durban. This is a newly opened hospital and is predominantly known as a tuberculosis and psychiatry hospital due to the high prevalence of these conditions in within the area. I was unable to comment on any differing aspects of care amongst the middle class and working class as my exposure was limited purely to patients attending a public hospital, however, I was made aware that there are many private hospitals in South Africa.

As expected there was a huge prevalence of tuberculosis and HIV at King George's hospital, with co-morbidities of psychiatric illness mainly psychosis. This differs from the UK where the prevalence is much lower. Due to the high prevalence within the hospital, I ensured that I carried out safety measures such as wearing a N-95 mask, wearing gloves when taking bloods etc. There were certain conditions that were commonly prevalent in both places such as Ischemic heart disease, hypertension, diabetes etc. (these are also managed similarly as in the UK). Other conditions that are prevalent in the UK such as COPD, asthma, liver disease etc seemed to have a much lower prevalence in South Africa, from what I observed at King George's hospital.

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

There were some management plans that were very similar to that in the UK such as tuberculosis, HIV testing- where the patient undergoes two HIV tests in order to confirm a positive status. Other management options that differed were for example psychiatric patients were initially admitted to a general ward for the first 72 hours with no psychiatric specialist intervention beforehand, this differs from the UK as there are separate wards/hospitals for psychiatric patients who are not admitted to general wards for care and are seen much more quicker. Also, for chronic renal failure, definitive treatment in the form of dialysis and renal transplant is not provided in South Africa, possibly due to the cost implications involved. I also observed that in Accident and Emergency, the patients in South Africa waited much longer to be seen compared to the UK. I believe this was due to the low ratio of doctors to patients, for example during the evening on a week day, only one doctor was placed in Accident and emergency to deal with everything in the hospital. I also observed that on a daily basis one doctor took part in more than one ward rounds.

Doctors who specialised in Family Medicine (commonly known as general practice in the UK) were also expected to cover accident and emergency; this is different from the UK, as there are specialists in both fields and are kept very separate from one another.

How public health and education has affected the prevalence and treatment of tuberculosis and HIV in South Africa in the past few years

I attended a seminar where a group of local group medical students presented research findings of a small research project they conducted on the importance of HIV education. A short 3 module HIV teaching programme is mandatory for HIV positive patients who are eligible for anti-retro viral therapy, and this study looked at and compared two groups, one group who last had the teaching

programme 3 month's beforehand and the other group who had teaching 6 month's beforehand. The results of the study showed that the first group were much better informed and educated than the second group; this shows the importance of constant patient education as this can drastically improve the compliance of anti-retroviral therapy which has positive implications on prognosis.

Tuberculosis education is given to patients who are newly diagnosed and to their families and they are made aware of the importance of taking their medications.

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

Overall this elective has been a fantastic learning experience; I have learnt many things about medicine and about myself. I have found it incredibly useful to observe doctors in Accident and emergency, learning how they prioritise (due to the high volume they have to provide care for) and how they effectively manage their time and work as a team. Despite having such a high work load, patient care was never compromised and all urgent cases were immediately attended to.These are skills that I can apply in my career and as a result I feel prepared and ready to start working as a doctor.

I have also learnt that the same communication skills that I applied to patients in the UK, can also be applied to patients in South Africa, regardless of the background, culture etc. I feel more confident in dealing with patients from a wide range of background due to the exposure I received in South Africa.

I have gained life experience, by being away from all my family, friends, out of my own comfort zone and being in an unfamiliar environment has made me more open to meeting new people and learning about different cultures and ways of life. Overall it has given me a clearer perspective on my priorities and on what is important.