ELECTIVE REPORT 2011 – Hannah Rickman
Nkhoma hospital, Malawi

Where and why?
I spent my elective (with Jane McIvor and Lorna Fairbairn, 2 other Pembroke students) in Nkhoma hospital, Malawi. This is a mission hospital in a small village about an hour away from the capital, Lilongwe. While the village is small, the hospital serves a large surrounding rural community and because of its excellent reputation draws patients from as across Malawi and as far away as Mozambique.

My objectives from the elective were to gain some experience of the practice of medicine in a developing country, with limited resources and a different profile of diseases from those I am used to seeing in the UK. Malawi is one of the ten poorest countries in the world by GDP, and ranks similarly on measurements including life expectancy (43 years) and HIV prevalence. From my point of view it had the advantage of being relatively politically stable (though during the time we were there, several protestors were shot and killed by the police in anti-government demonstrations) and English is fairly widely spoken.

The hospital itself is divided into medical, surgical, paediatric and obstetric departments. It has an associated eye hospital on site and a busy outpatients department, as well as organising mobile clinics within its catchment area. While very poorly equipped by UK standards, it does have X-ray, ultrasound and a lab which is able to process some basic investigations (if the reagents are in stock!). There are 4 doctors in the hospital (3 expats, 1 Malawian), and much of the rest of the work is done by Clinical Officers, who do 3 years of training and are able to diagnose and treat common diseases, as well as perform a spectrum of practical procedures, varying according to experience from Caesarean sections to complex surgery.

The main hospital ward

What I did

I rotated around the different specialties around the hospital during the 7 weeks. I spent a total of 4 weeks on medicine, attending the morning ward rounds with the doctor. I would spend the rest of the morning doing jobs on the ward and reviewing investigation results as they came in. I would also clerk new patients as they were admitted to the ward from the outpatients department. Because the OPD was very busy, patients had often received only a very rudimentary clerking when they were admitted, and as the elective went on I found I was often picking up symptoms and signs which had been missed and influencing the patients' management.

I gained a lot of experience of the diagnosis and management of the common diseases in Malawi – very different from those in the UK. Typical diagnoses included malaria, pneumonia, meningitis, TB (including extrapulmonary infections such as pericarditis), congestive heart failure, oesophageal cancer, cervical cancer and HIV-related infections such as PCP and cryptococcal meningitis.

Because there were often no clinicians on the ward during the day, I was often the first person at hand when new patients were admitted in extremis (oxygen saturations of 50% and haemoglobins of 2 were terrifyingly common). As the nurses grew to know me they would also more often ask me to review a patient who was unwell, confused or in pain. This was much more responsibility than I am used to having at home and there were times when I was outside my comfort zone. Fortunately, even if there were no clinicians on the ward they were always readily available, and I was very aware of my own limitations and when I needed to be getting help.

During my week on paediatrics I had a similar role. There, I was particularly struck by the burden of preventable diseases (such as measles, diphtheria, HIV and malnutrition) which I saw there. In addition, we were able to go on some outreach clinics in the local rural communities. These were a great opportunity to see some of the more remote areas of Malawi (where cars were rarities and electricity unheard of), and we were able to help with vaccinating children.

Mothers queuing to have their children vaccinated in an outreach clinic in rural Malawi

Another fantastic community experience was visiting a local HIV support group. This was set up and run by a group of HIV positive people in a nearby village, and served as a place where they could discuss issues such as nutrition and safe sex, as well as aiming to tackle some of the stigma associated with infection. The session also involved a lot of singing and dancing. Like everyone in Malawi they were incredibly welcoming, inviting us back to their house afterwards for a taste of the staple food “nsima”,

Jane dancing with the members of the HIV group

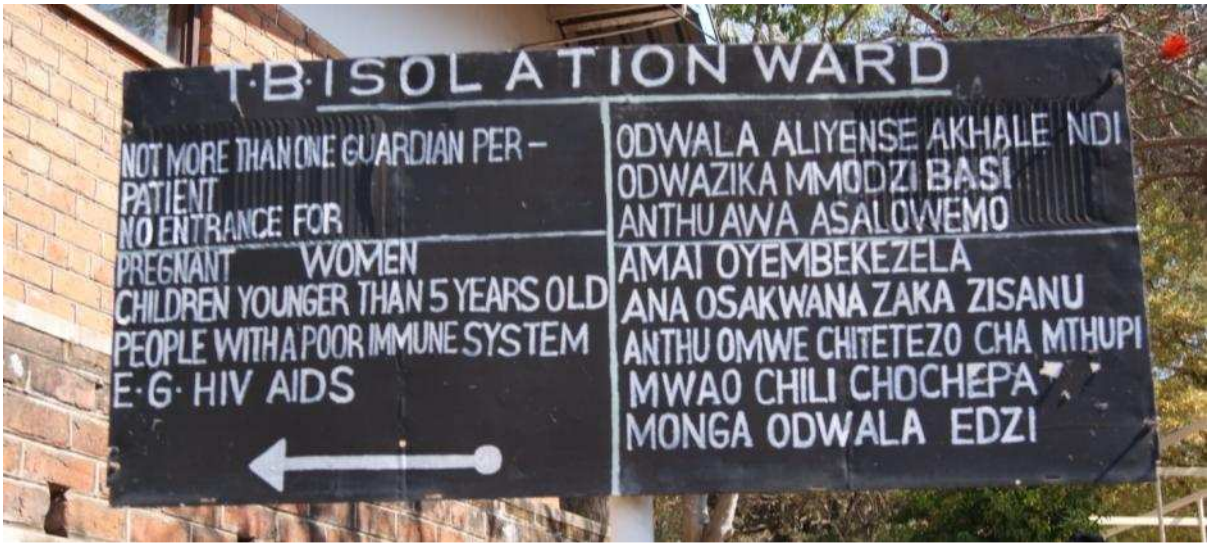
Lorna helping to make nsima

I also spent a fortnight on surgery, where I saw a wide range of operations – hernia repairs, vesico-vaginal fistula repairs, Caesarean sections, prostatectomies, orchidectomies (the treatment for prostate cancer in Malawi, where GnRH analogues and androgen antagonists are not available),

exploratory laparotomies, lumpectomies and skin grafting, amongst others. I was struck by the inadequacy of the best available treatments for many of the diseases, particularly malignancy. I gained some practical experience – performing several spinal blocks (most operations were done under spinal anaesthetic as the hospital lacked a ventilator) as well as minor procedures such as incision and drainage of abscesses. Finally I spent a day in ophthalmology, where I was able to see some very unusual pathology (by Western standards) as well as cataract surgery.

What I learned

My elective fulfilled and exceeded my expectations in every way. Having said that, at times it was very challenging. I experienced far more death each week than I had done previously in my medical career, and that was often hard to deal with (especially on paediatrics). Secondly, while Nkhoma was full of extremely caring and hardworking people, the standard of care (especially by the nurses and clinical officers) was often low, which I sometimes found extremely frustrating. One valuable lesson I learned was not to let my own standards slip – to do the basic things like perform proper cannula care and properly examine all patients, even if those around me weren't.



Hospital signage

I worked hard with a steep learning curve, and as a result had a great deal of clinical experience. I also learned a huge amount about medicine in developing countries, and that the obstacles to its delivery were more complex and diverse than I had imagined. Lack of resources was only one of many. People often presented to hospital extremely late, because of cost or difficulty travelling, or sometimes for cultural and social reasons (a woman whose husband was away staying with his other wife, and who therefore was unable to ask his permission to take their 2-year-old daughter to hospital – the child subsequently died of severe pneumonia). There were other widespread cultural barriers to good medical care – for example, the prominent part played by traditional healers in the village culture; the expectation of cure rather than management of a long-term condition such as diabetes or hypertension; the widespread belief that oxygen was poisonous (because relatives had come in very unwell, gone onto oxygen and then died.) The experience sharply emphasised the importance of simple public health measures for improving the health of a population – mosquito nets, good nutrition, vaccination and safe-sex education could have prevented a huge swathe of the pathologies we saw. I also saw the need for pragmatic measures and innovation in health promotion – for example, the scheme to encourage women to give birth in hospital was rigorously enforced by the village chiefs, who would fine any woman giving birth at home the princely sum of one goat!

In the maternity department, with newborn baby girl triplets

In summary, Malawi is a wonderful country to work in and to travel around, and we were bowled over by the friendliness and hospitality of the people we encountered. We were extremely lucky to have the assistance of Pembroke travel grants to assist with the costs of organising the elective, without which it would not have been possible. I would absolutely recommend Nkhoma to anyone interested in doing an elective in Africa and would be very happy to answer any questions they may have!

Travelling in Malawi and Kenya

Thank you!!