Charlotte Little - Medical Elective - Ghana, Summer 2015

I spent 9 weeks in Ghana for my medical elective based in Cape Coast. Overall, it was an eye-opening, heart-warming, challenging, fascinating and fun experience. I spent 6 weeks of my elective working in the Central Regional Teaching Hospital in Cape Coast. This is the largest medical facility in the region, receiving referrals from a huge surrounding area, and one of the best equipped public hospitals outside of the capital. However, it is less than half the size of a small district general hospital in the UK (such as Ipswich Hospital) and very short on many resources.

There is a national health insurance system in Ghana, however it is beyond the means of many citizens and covers only the most basic things. For example, oxygen must be paid for per hour and patients must find friends or relatives to bring them drinking water from outside the hospital. This system, combined with the fact that huge proportions of Ghanaians have little income or education, unfortunately means that they often can't afford the healthcare they need and many go the hospital when it is too late. I saw a huge range of conditions and injuries, many of which are simply not seen in the UK or were in much more advanced or severe stages than I'd come across before. Malaria is the most common condition seen in the hospital, and complications such as cerebral malaria were unfortunately frequent, despite usually being preventable with early treatment.

I was based mainly in Paediatrics and NICU (Neonatal Intensive Care Unit), as this is the area I am most interested in. I also spent some time in obstetrics, the general medicine and surgery wards and A&E, including doing night shifts and on-call work. I was made to feel a part of the team in Paediatrics/NICU and had a thoroughly enjoyable experience. I took part in ward rounds and clinics, assisted and performed procedures, was able to examine and clerk patients and also joined in for the teaching sessions which were very interesting. I was also able to do much more than in the UK – for example, independently cannulating neonates and getting involved regularly (unfortunately) in resuscitation. I certainly expanded my clinical skills and gained a lot of experience of pathologies that are uncommon in the UK, whilst also learning about the challenges faced and ways of improvising in an under-resourced setting.

It was often challenging, however. The mortality rates were high and I 'lost' a number of patients I'd been helping to care for. The attitudes of medical staff and patients are also very different to the UK and I sometimes found it frustrating or difficult seeing a lack of communication with patients, lack of privacy or expectations of patients to 'deal with things' without support or analgesia, especially when they were only children. End-of-life care and bereavement services were essentially non-existent in many cases and there is generally a fairly dismissive attitude towards patients with mental health issues. However, I learnt a great deal from these experiences and gained a strong admiration for how stoically the patients coped with things and the medical staff carrying out their work in the face of such huge challenges every day.

For my final week, I worked for a local public health NGO called the FEB Foundation, which I'd become involved with having met the doctor who runs it during my time in the hospital. I was made project leader for a large community outreach event, where a team of volunteer medical staff and helpers provided free medical assessments, pharmaceuticals and HIV testing to community members. It was a big success and we treated hundreds of patients in a single day, all working from a small primary school and tents in a football field! It was hard work but the most rewarding thing that I've ever done and I am very grateful that I had the opportunity to become involved. I'm still working with the FEB Foundation since my return to the UK and hope to return to Ghana in the future to work with them again.