

Sophie Winder-Rhodes Elective Report, Ghana, 23rd June – 21st July 2012

Princess Marie Louise Children's Hospital, Accra and Nsawam Government Hospital

I had always wanted to spend my elective in a developing country and welcomed this as an opportunity to get know a place in a way that really only comes from living and working there. After talking to other students, Ghana stood out as being an English speaking, politically stable country with a reputation for being extremely friendly. The health care system is gradually developing with a National health Insurance Scheme (introduced in 2003) and government programmes for the provision of free antiretroviral drugs and childhood immunisations; however access to these remains variable and the life expectancy in Ghana is still just 61 years. From a medical perspective, I hoped that spending time there would allow me to see diseases that are not so common in the UK as well as presentations of familiar diseases against a different cultural backdrop. I also hoped to gain a practical insight into a different medical system and to gain experience working in the type of setting which I may return to after I have qualified. I travelled with two other students and arranged the elective with the assistance of 'Elective Ghana' (www.electiveghana.com), an organisation which was recommended by a former Pembroke student (Arany Soosainathan, 2009). Elective Ghana's input and guidance from beginning to end really meant that we could get the most out of the relatively short time we had in the country.

Having enjoyed my paediatrics placement in the UK, I chose to spend my first two weeks at PML, a government funded children's hospital located within a bustling shopping district of the capital, Accra. Whilst there, we lived with a local couple and travelled to work through the traffic in a wobbly mini bus (Tro Tro) packed with commuters. The hospital was compact with two wards plus an A&E and an outpatient department where hundreds of patients would come and wait on benches to be seen. It was at PML that Dr Cicely Williams first described the acute form of childhood nutrition, Kwashiorkor (1933) and malnutrition continued to be one of the more common conditions encountered, often incorporated into a vicious cycle with infectious disease such as malaria. I tried to get involved with patient care as much as possible, clerking patients in A&E and the outpatients departments (which operated a little like a UK GP practice). I also attended teaching sessions with the local medical students; it was fascinating to see how their history taking differed and they were in turn interested to learn about health care in the UK, particularly screening programmes and care of the elderly. Differences in patient management compared to the UK were immediately apparent, owing to limited equipment and time pressures but also different values and emphases in the doctor-patient relationship.

The second two weeks were spent at Nsawam Government Hospital, an hour drive northwest of Accra in a market town set against a backdrop of hills and greenery. It was a much more spacious hospital than PML with 4 wards (male, female, maternity and paediatrics), a theatre which was reserved for caesarean sections and emergency lists, an outpatients department and an A&E. The wards were large rooms with rows of metal framed beds and limited patient privacy, and they were covered by a recently qualified doctor who was frequently called away during the daily ward rounds to perform surgery. There were plenty of opportunities to see and examine patients and I found that I could be of most help clerking and co-managing patients with the doctors in outpatients, where over 300 patients were seen every day. I particularly enjoyed spending time in the eye clinic which had opened in 2004 with the support of Sightsavers, and to see the life-changing effects of simple cataract surgery was incredible. There was a single x-ray suite and the radiographer had to work every day and

process the films himself in a darkroom – this was a major reality check for me, having spent the last 3 years running MRI scans for research as part of my PhD. The team of midwives got us involved in the antenatal clinic where there were plenty of opportunities for practicing examinations and clinical skills. The accommodation was on site so our daily commute involved a quiet walk through fields where we were greeted everyday by the smiley hospital guards, although it sometimes felt like camping with the intermittent water and electricity supplies.

We spent our spare time exploring Ghana which is a modestly beautiful country. The Volta region in the north east of the county (bordering Togo) is home to Lake Volta, Mount Afadjato (Ghana's tallest mountain at 885m), waterfalls and green hills and provided a break from the bustle of the cities. We also ventured along the coast to the west of Accra where we visited the forts at Elmina and Cape Coast - reminders of the slave trade which operated for over a hundred years from this region – and climbed along the jungle canopy in Kakum national park. Life in Ghana seemed to go at its own pace, often with little sense of urgency and there was no question that the country lived up to its reputation as being incredibly friendly and sociable. We could not usually walk more than a couple of metres in the street without someone striking up a and children would wave, chase after the car and come over to chat or show us how to dance the Azonto.

Overall, my elective gave me a broad appreciation of healthcare in a developing country and was an illuminating and grounding experience. The contrast with the UK was striking and although the resources were more limited, I think that actually challenged my clinical judgement even more and made me begin to apply my medical knowledge in a more structured and focused way. Of everything though, it was Ghana's energetic personality and its friendly, positive people that really stood out for me and I feel like I got so much out of the opportunity to live and work in that setting.

Acknowledgements

I am extremely grateful to Pembroke College for a generous contribution towards the cost of the elective – Thank you.