

Grace Bennett's & Eleanor Crane's Placement Story

Grace Bennett and Eleanor Crane are students at Sheffield University, England, and went to Uganda with Soapbox Trips/Act4Africa this summer. They write about their experiences with working in very limited conditions in two hospitals in an area where there is a high prevalence of AIDS in the local population.

During the seven weeks we spent in Uganda with Soapbox Trips/Act4Africa we were able to spend time both in Jinja Regional Referral Hospital and Nalufenya Children's Hospital. The predominant conditions differed from England. The majority of patients had either malaria, TB, pneumonia or a traumatic injury. This was very often in conjunction with HIV. We learned about HIV testing and counseling in the villages with Act4Africa's mobile clinic and helping those who have just been given the diagnosis.

It is a difficult time for patients, as it is seen not only as a death sentence but also something to be very ashamed of. We tested over 250 people and only had three new positives. We also learnt a lot about management of simple and complicated malaria, meningitis and pneumonia.

In clinical settings, our 'improvisation' skills were enhanced, as the lack of equipment meant it was key to think outside the box to ensure patients got what they needed. Lots of patients presented late in their disease pathway due to a mistrust of authority and belief in witchcraft. This means that lots of people die when, had they come sooner, the disease would not have progressed and they would have recovered.

The biggest difference we noticed was how under-resourced the hospitals were. It was hard to get used to not having everything we needed right there like we do in England. The paediatric emergency department had one oxygen canister with two lines that children shared. This was if we were even able to find a mask. The main hospital simply did not have it. Drugs were limited and patients would often have to go to an expensive private clinic to find what they had been prescribed. Even such simple things as wheelchairs and beds were falling apart. They were running out of needles, used old gloves as tourniquets and had no blood in stock. It really was shocking.

There was a lot to be gathered from the settings outside the hospitals, in the villages and towns and shopping areas. In the community, being English and being a Student Doctor held great respect and it became clear quickly that this position meant we were more easily able to educate the public about HIV and our presence meant that villagers would come to be tested. We visited the orphanage, the school houses and the social workers 'cottages' for children who had been removed from their families.

We also spent some time with street children orphaned by HIV/AIDS. This was another aspect of Uganda that impacted us, the amount of children who lived on the streets or in orphanages. There were children on the corner of most streets at night time and the police would pick them up and take them to prison, regardless of their age, until an adult picked them up. The police did not try to help the children or families but persecuted them.

Social/institutional/culture differences

Communicating with patients was occasionally a problem. Most spoke basic English which allowed a simplified but acceptable history. However, on numerous occasions we used nurses and family members to translate. Over the weeks we learned how to phrase things in a way they would be understood, gestures to use and a few Lugandan words. This helped us develop useful skills we will need in the future when dealing with patients who do not have English as their first language.

One of the most important parts of the elective was immersing ourselves in a completely new culture. Uganda is so different to England. Everything runs at 'Africa time' and life seems relaxed. Spending time with new people, chatting and joining in with local activities was an invaluable experience and something we'll never forget.

Religion plays an important part in Ugandan life, 80% are Christian. Preachers were in the street telling the community that they would be cured of HIV if they put their faith in God and that often meant medication compliance was low. We met a man who had initially been told he had hepatitis, treated, then it was discovered he had terminal hepatocellular carcinoma. His pastor told him he would be cured, so he refused any medications including pain relief, and died two weeks later.

Many people in Uganda are socially deprived, so levels of hygiene and education are low. This alone causes health problems. An example would be typhoid (due to drinking dirty water) or foot wounds from

being barefoot. Furthermore, social deprivation means lack of money and in Uganda resources are scarce so people have to pay for their own medical supplies. An example of this is blood. There is not enough blood donation, so the hospital are continually running out, forcing people to have to go to private hospitals to buy it themselves. It seems like a basic item to have in hospital so when this situation was first presented to us we were very shocked. Mothers who could not afford to buy their children blood for a transfusion were forced to watch their child die.

The health care system in Uganda is as different as it possibly could be to England due to this lack of resources. Even in the supposed free government hospitals, patients have to pay for everything they use while in hospital; from the blood tests and X-ray films, to the exercise book their notes are written in. If they do not have money, they do not get treated.

Nurses do not deliver any care other than medical to the patients. Patients have to rely on their attendants, usually family members, to provide all food and bedding. I saw a very sick patient on a ward round who did not have an attendant; he was lying on an uncovered metal bed and had not eaten for three days.

Personal impact

This placement with Soapbox Trips/Act4Africa has shown us how lucky we are and it has made us so much more grateful for simple things, for example, hot water. We feel lots of things were put into perspective. For example, before our time in Africa, we would consider having to wait to see a doctor for a few hours, terrible. Now, we have realised how lucky we are in the UK to have a doctor available 24 hours a day. 'Free at the point of delivery' is an alien concept in Uganda. We do not feel pain, we can have the operations we need and we know that the hospitals are going to have everything they will need to treat us. We have no idea how good we have it, both as patients and doctors in England.

We've been asked if we'd like to return and work in Uganda in the future. Honestly, we do not know if we could deal with the frustration of seeing people die that we knew would survive in England. It has given us such an appreciation for the NHS and working conditions we have in England. We will never again take for granted having the equipment we need available to us and will always appreciate having a hardworking and caring team supporting us.

We found it very easy to feel fulfilled and pleased that we had made a difference to people. A smile went a long way. We wanted to do so much and to help so many people while we were there but it was impossible with the resources they have. On a smaller scale, I like to think that a few patients, for example a man who had been assaulted and the people we tested for HIV, may have benefited from something we did.

The Social Aspects

We spent lots of time with the family we were staying with, they were amazing. They taught us how to cook and we had a lot of fun with them. William owns the house, and he is a doctor. He is so lovely, and is keen to chat about Medicine and ethics. Everyone was lovely and very chatty.

When we weren't in the house we did so much, including going on safari to Murchison Falls & Sipi Falls, white water rafting, and eating out. There are so many great restaurants.

Jinja is extremely safe, and if you get lost, anyone will help you find your way. Crime rates are low and there are always plenty of people around so you feel safe.

Summary

This elective with Soapbox Trips/Act4Africa has been the best experience of our lives. Uganda is a fantastic country, it was fascinating being in the hospitals and really was wonderful being in such a different place for seven weeks. It was very different to home and so enjoyable. We could not have asked for any more. There are so many things to do, we weren't bored for a moment over the seven weeks.

Grace & Eleanor