

Elective Report

Level 6 elective students please submit your elective report (max 2 pages) and supervisor report form(s) by 31st March. Reflect on your placement(s), what you learned; compare with your experience in the health system here. Up to two pages is sufficient - one report covering all your placements.

The opportunity for me to live with and immerse myself into the rich culture and traditions of the Ugandan people has been a life-altering experience. I have always had a passion for the African countries and it was always a dream to visit the land and people for myself. To finally visit and work amongst the people was a real honour and the fulfilment of a life-long dream. Upon reaching Uganda, I was initially so taken aback at the disparity between standards of living and the stark poverty of some of the villages and tribes we visited. People often talk of the difference and the gap between the first and the third world countries and the poverty and lack of basic needs such as water, electricity and healthcare is often illustrated through media and from stories of returning travellers. Mentally I had prepared for it, but it was only until I had actually visited the innermost rural and remote tribes and villages, experiencing and feeling the people's need for resources and basic healthcare that I truly began to appreciate the gravity of their situation. However, despite their lack of physical possessions, financial comfort and access to basic medical needs, I couldn't shake the feeling that every family or individual I met, somehow felt fulfilled and content with what they had. It was almost as if they had found another source of contentment, not in their possessions and belongings, not even in their careers and work. What they lacked physically, they made up for in excess for in their true appreciation of life and genuine joy. Every Ugandan I had come across was so hospitable and so generous. What little they had, they shared and welcomed us. It was within their culture to find joy in the appreciation of the journey that is life, in their relationships and families, and in their sense of community and unity.

As a person, this trip has made me see life from a much wider perspective. I came away with a newfound appreciation for the safety, security and comfort of Perth. While I was away, I began to notice all the little things I usually take for granted – internet, smooth roads, dust-free air, consistent running water, air-conditioning, reliable mobile reception. I believe I have matured from this experience, now that everything has just been put into perspective. As a doctor to be, being at Kisiizi hospital has simply inspired me to return to Africa once again as a qualified doctor with more experience under my belt. During our stay, some visiting urologists from the UK visited and set up a "Urology Camp" where they performed surgeries on about 25 patients that were scheduled for that week during their stay. Not only could they treat seriously hampering conditions such as urethral strictures and BPH, they were able to provide education and tuition for learning surgeons and doctors observing. I had always wondered whether as a surgeon, I would be able to make

much impact for a “short term trip” (i.e. 1-2 weeks), but I observed that the visiting surgeons through setting up the surgical camp were able to contribute in an important and unique way – something I hope to do when I return to Africa.

Practicing medicine in Kisiizi Hospital was an interesting experience to say the least. I rotated across all the wards spending time in the general medical ward, the isolation ward (for TB, malaria, and atypical pneumonia cases), paediatrics, maternity, surgical, and outpatient department. With limited resources, lab investigations or imaging, doctors there were forced solely rely on clinical findings, history taking and years of experience. Without the comfort of extensive investigations, treatment would sometimes be determined by safe guesses and trialling treatment till the improvement of the patient. It was a difficult dilemma and also a new aspect to consider, when patient management was often determined solely on cost. For example, pain medications were often ceased early, as were post-operative antibiotics to cut costs. It was truly difficult when some children born with fixable-conditions in Perth (e.g. Heart abnormalities) were treated to the best of the doctor’s abilities knowing full well that it was only a temporary fix. What also concerned me was the lack of health promotion and education leading to the very late presentation of some cases. Often in the villages, the sick would see the “witch doctor” or the tribal elder who would give remedies often composed of roots and herbs. Unfortunately this only seemed to delay presentation to Kisiizi Hospital, by which time it was too late.

Having a keen interest in surgery, I spent a significant amount of time in the surgical theatre under the supervision of one general surgeon, Mr Gabriel, and an obstetrician, Mr Okumu. I was constantly surprised at the wide variety of cases that would be covered by the one surgeon. Mr Gabriel would complete an appendicectomy, then move onto a paediatric sequestrumy for osteomyelitis, then onto a adult 3rd degree burns case before finishing before lunch on a open radical prostatectomy. The title “general” surgeon remained true to its name. I was also very fortunate to assist and also perform a lot of the surgeries. One of my most memorable highlights was the opportunity to perform skin graft surgery on an 11-year-old girl with Turners syndrome who sustained her burns after having a fit and falling into a fire. I have also performed twenty or so spinal epidurals and intubations – something I doubt I would have the opportunity to do in Perth. Overall, Uganda has been an amazing experience. As cliché as it may sound, my time in Uganda has truly changed my life. My perspective on things has been broadened and my long-term goals and aspirations altered. Africa, I will come again!

