

Paediatric Infectious Diseases. Tygerberg Hospital, Western Cape, South Africa

I had met many South Africans during my gap year in Israel whilst attending the Machon L'Madrachai Chutz L'Aretz programme, and after five years I reconnected with them during my elective.

On arrival in Cape Town some of our preconceptions were clearly unrealistic. The city was very "Western" and developed and this was reflected in the hospitals, where development and access to technology seemed no different from what we were used to in the UK. Modern medical equipment – MRI scanners, ECG machines, computers – was all available.

But there was just less money available to spend on this equipment and resources. Clinics had double the number of patients, and hand alcohol gel was shared between several rooms and was distributed in empty coke bottles rather than in a convenient bottle with plunger dispenser. In the UK to lower transmission of infection between patients, much equipment is disposable. At Tygerberg heads of auroscopes and blood taking equipment, were routinely cleaned and reused. The hospital was opened in 1976 and appears somewhat dilapidated. In comparison the old Queen Elizabeth Hospital in Birmingham was founded in 1939 but did not appear as old inside as Tygerberg Hospital. The new Queen Elizabeth Hospital opened in June 2010, whereas Tygerberg Hospital is not due for refurbishment or redevelopment any time in the near future.

During our elective South Africa we had an incredible opportunity to see a style of medicine which – on the face of it – was very similar to what we were used to back home. Only when we had spent some time there did we begin to realise that subtle differences in the culture, resources and prevalence of disease had major repercussions in how medicine was practised. We discovered the importance of language to healthcare, ensuring that you understand your patients and that they understand you. We found how low resources can affect patient care and how lucky we are in the UK to have so much money to spend on health. We learnt how different prevalence of disease in different countries affects diagnosis and the implications of this for treating foreign patients in the UK. We explored the importance of understanding the culture of a patient in treating their disease and that a social history should always be taken before deciding how to treat a patient. We observed the different health beliefs that are held by some patients and how these can be integrated into the care we provide as doctors. We saw the contrasting methods of undertaking medical procedures and appreciated the traumatic effect that these can have on children of a young age. We observed the outbreak of a disease which we would not be able to see normally and gained experience in medical procedures with which we were not previously familiar. We appreciated the extra clinical decisions that doctors in other countries have to encounter. Overall our experiences in South Africa were very positive and we learnt lots of skills and ideas that will have a clear practical impact on our future medical practice as doctors.

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