

## **Medical Elective Report - 2011**

**David Gordon Memorial Hospital (DGMH), Livingstonia, Malawi**

**David Thurtle**

DGMH was set up as part of the Scottish church's mission to central Africa led by Robert Laws; their aim was to build upon David Livingstone's work in the area and establish a civilised, Christian community as a legacy to his name. After a few failed attempts at the lakeshore (thought to be too malarial) Livingstonia was born on Kondowe Plateau, 4000 feet above Lake Malawi. The hospital, funded by the family of David Gordon, a hopeful missionary who died before foreign service in his 30s in Scotland, was established in 1910 and opened officially in 1911 hence the centenary celebrations this year.

The hospital in Northern Malawi today consists of 4 wards: Male, Female, Paediatrics and Maternity and a busy outpatients department. Attached to the hospital is a public health and nutrition centre and a voluntary counselling and testing centre for HIV/AIDS. The hospital is said to have 150 beds but was never full whilst we were there. The hospital's location on the plateau – whilst cooler and therefore more comfortable for patients and staff alike – means patients from the lakeshore (where the majority reside) have to be brought up by 4x4 ambulances up the notorious Gorodi Road – an 18-hairpin track that takes at least an hour to traverse by vehicle and 4 hours by foot. This road influences the condition of the patient on presentation and also affects the hospital's ability to refer to larger hospitals, patients can be marooned on the plateau. During our time at the hospital there was 1 doctor present, an F2 from Wales and 3 Medical officers, locally trained men with great experience of common Malawian medical conditions and skilled surgeons at caesarean sections but lacking on theoretical knowledge, there were also a handful of trained nurses and many 'patient assistants'.

We made it clear from the outset we were keen to be as involved as possible; we were not disappointed. After a week of 'induction' where we got a feel for the place, learnt names and mugged up on Malaria, pneumonia and HIV/AIDS we were added to the on-call rota, doing 1 in every 3 nights as 'first on-call'. This gave us the opportunity to clerk and plan the management of acute admissions and caused us to be more decisive and bold. We had the opportunity to call for the officers or doctor at all times but appreciated the autonomy and responsibility. The doctor was away for 2 weeks during our time at DGMH which meant we took more of an active role in leading ward rounds, running the out patient clinic (with a cleaner or nurse as interpreter) and going on outreach clinics to the lake-shore and further afield. I was also keen to be involved in theatre so was awakened for C-Sections, by the end of the 6 weeks I was the assistant surgeon and scrub nurse; I was pleased to do my own operation removing a pendulous lipoma from a young lady's thigh; initially I tried to do it under local anaesthetic but in the end we had to give her ketamine. The local language is Chi-Timbuka but all the staff spoke English and were able to translate when necessary; we soon found our history-taking became a lot more focussed and concise. We did some teaching with the staff on hydration, fluids and cannula care, all of the in-house teaching programme was in English.

Overall the attachment was a great opportunity to see healthcare in a rural, poor and Christian setting. We loved getting up for prayers every morning, joining the church and hospital choir and worshipping at the mission station's church. The whole community was phenomenally welcoming and we felt very safe walking around the plateau day and night. If thinking of DGMH be aware that it can be fairly quiet times, especially if there are plenty of visiting doctors at the time, so bring a book or two. Feel free to contact me for more information about the place.

As a result of the elective I feel a lot more confident about being a junior doctor, especially about prescribing and admitting patients. My knowledge and confidence in dealing with HIV/AIDS and caring for the dying patient and certifying death has also grown. I am so glad we had the opportunity to visit DGMH and will continue to be in touch with the hospital there.