

Elective Report – David Gordon Memorial Hospital, Livingstonia, Northern Malawi

21st April – 30th May 2014

I spend 6 weeks at the David Gordon Memorial Hospital in Livingstonia, Malawi for my elective. Malawi is the world's 4th poorest country, with an extremely high maternal and child mortality rate. There is a high rate of HIV/AIDs in the population, and there is a high incidence of tropical diseases such as malaria and TB.

David Gordon Memorial Hospital is a small mission hospital in the village of Livingstonia. It has about 150-200 beds, but serves a population of 450000 from a huge local catchment area. There is a male ward, female ward, paediatric ward and a maternity wing.

Livingstonia is a small town/village built by established by missionaries about 120 years ago on a plateau around 3000ft above Lake Malawi. The population is generally poor farmers and fishermen from villages around Livingstonia, though the presence of a local university means that a wide variety of patients are seen. Livingstonia as a place feels a bit trapped in time – many of the buildings are left overs from the colonial period of the missionaries. There is only one serviceable road to Livingstonia, which is an unpaved 21 hairpin experience from the lakeshore all the way up the mountain – which takes over an hour to drive, so accessibility is a problem! Most patients are forced to walk or wait to be crammed into the back of the daily ambulance with 30 other people!

Days started at 7am with prayers in the local language Tumbuka. Ward rounds were then conducted 3 times a week in English by the clinical officers or the doctor. Ward rounds tended to last for about 3-4hrs, depending on how many patients were on each ward! The afternoons were then spent in the out patient department, or seeing emergencies or clerking in new patients. On Tuesdays and Thursdays there were scheduled theatre days where we saw total abdominal hysterectomies, hernia repair and abscess drainage! There were also often emergency caesarean sections to watch or assist in.

The hospital has a permanent ex pat Irish doctor, as well as 4 clinical officers and 2 medical assistants. The clinical officers have had 3 years of training but are very competent in treating common diseases such as malaria, and also are trained in surgery. The medical assistants have had 2 years of training and generally were used in the outpatient department taking histories and triaging patients.

We saw a wide variety of diseases while at David Gordon. Many patients had HIV/AIDs, and making sure that all patients who presented to hospital or were listed for surgery were tested was a big priority for the hospital. Unfortunately we saw many patients presenting with end stage AIDs related illnesses, such as PCP or cryptococcal meningitis. Malaria was also a disease we had lots of exposure to, especially in young children, along with severe anaemia. In general the malaria patients were very well treated, but sadly whilst we were there several children died from malaria, often due to presenting too late. We also saw a lot of TB and tropical abscesses – which are often drained and debrided without any anesthetic!

We also saw diseases that we are more used to seeing in the UK – such as hypertension, strokes and cardiac disease. These were the illnesses that made the stark differences between healthcare in the UK

and Malawi more apparent – a stroke patient was often just treated with aspirin and some thiazide diuretics – no scanning or clot busting drugs!

We also spent a lot of time in the maternity wing. There were often several women in labour at any time and it was always a very full unit! The unit had a nursery for premature infants, and there was an incubator and the ability to provide feeds via NG tubes, so even premature infants weighing less than 1.5kg did quite well whilst we were there. We occasionally saw babies born with congenital problems or syndromes, such as a Hirschprung's patient, however these patients needed to be referred to a bigger hospital 3 hours away.

We also saw lots of eclamptic and pre eclapmtic patients in the ward, some requiring emergency caesareans. Unfortunately the nursing staff did not always do regular observations, and this caused some frustration amongst the clinical officers and doctors.

We were also lucky enough to visit some of the out reach clinics in the local community. One visit involved a 2 hr drive, then a 3 hour boat ride to get to a village that is completely inaccessible via road. This was a great experience, and also showed how valuable healthcare is for those who have difficulty accessing it.

As an elective placement David Gordon Hospital was a fantastic experience. Due to the small nature of the village we felt we were able to become really integrated into the local community and know many of the people, as well as learning some of the local language. We were also able to see a wide variety of diseases that we have had little to no exposure to in the UK. It also made us really appreciate the facilities and resources that we have available to us in the UK, and made me realize the importance of taking a history and examination in the absence of any clinical tests. It was also a frustrating experience at times due to the lack of equipment or medication.

I have learnt a lot about the provision of healthcare in an entirely different setting, and have gained some great experiences that I hope will greatly benefit my future career.