

Elective Report – Lifeline Clinic, Namibia

I undertook my elective in a village called Epukiro Pos 3 in the Kalahari Desert. I was working at the Lifeline Clinic, an aid establishment set up to help the San people in Namibia. The San Bushman are the indigenous people of the Kalahari, of whom many still lived a hunter-gatherer lifestyle up until the last decade. They are extremely marginalised by other communities and have a high level of poverty, alcoholism and unemployment. Racism is rife amongst the tribes in Southern Africa and the San people are significantly under-represented. This leads to further prejudice and reduced access to healthcare, employment and education. The San also have a TB population prevalence of 10% - this is extremely high and contributes to the life expectancy of 47 years in the village. The Lifeline Clinic is staffed by a TB specialist and a clinic doctor who is an emergency medicine trainee. They are the only doctors for 200km and so see everyone that walks through the door. The clinic attracts a mix of patients; emergencies, general practice queries, contraception and a large amount of non-medical concerns, such as patients coming for shoes, clothes and regular TB medication.

I had a wonderful time on my elective – I learnt above and beyond what I expected to and found that medically, my confidence in clinical decision making improved simply because there was a need for decisiveness. The lack of investigations made my clinical history and examination more thorough as they are the mainstay of information for diagnosis. I also became more confident with practical procedures. I felt fully supported by the staff, who when I explained I had never done an incision and drainage before and did not feel comfortable performing this, taught me how to do it and then supervised me performing the procedure on the next patient who required one. I also learnt a lot about TB transmission and the basic ways in which they aim to reduce spread. Simple measures like keeping doors and windows open, visiting the doctor early and being compliant with medication are the only ways they have to reduce the spread of TB. There is no option for isolation as 50% of the inpatients in the closest facility are TB patients. Equally there are not enough medical staff for that level of care. Facemasks are used when treating MDR TB. The attitude to TB is quite relaxed here - most people have had it or know somebody who has so the infection control measures are a lot less austere than at home. Working with translators was also a new experience. I initially worried about not being able to convey empathy but I found quickly it was possible to be supportive and understanding regardless of the language barrier by focusing on the patient and their needs.

Particular highlights of the experience included seeing the recovery of a 12 year old girl with TB. She presented very sick, with no family. In the UK she would immediately have been admitted to ITU. Here, she was taken to a busy adult ward, but seeing her after 3 weeks of TB treatment was wonderful - she had recovered so much already. I also enjoyed improving my skills examining children (40% of the clinic patients are under 12). We also had Outreach Projects, visiting local farms to construct family trees and to identify those at risk of TB. This was a good experience to see some of the working life of the San and to spend some time with families I had gotten to know well. I did the weekly dressings for a 22 year old patient who had spinal TB and is now paralysed from the waist down. His pressure sores went down to the bone following his initial admission. Seeing the stage of recovery whereby the sores stopped oozing and were dry was a good lesson in perseverance and determination. I also spent a week at the Wildlife Sanctuary owned by N'a/ankuse, where I was allowed to anaesthetise a leopard and perform his observations whilst he was under anaesthesia, due to my medical experience. This was definitely a once in a lifetime experience!

I've had a wonderful experience on my elective - Namibia is a beautiful country with beautiful people. It is also one of the safest African countries to travel in as a female and at no point did I feel at risk at all. Organising my elective was very easy - I contacted N'a/ankuse, the Foundation who own the Lifeline Clinic regarding the placement and they were able to let me know there was availability and how to organise the next steps. They also gave me information about their other projects which I was able to visit in time away from the clinic. They were able to organise my transport and give me the

information to sort out my own visa. I was able to meet lots of other volunteers from all over the world. In my spare time in the evenings I would play with the village children, spend time with the translators who became close friends and the other volunteers. I quickly settled into relaxed African life. In terms of travelling in Namibia, there is a very poor transport infrastructure. I was able to hire a car and travel with a friend following the main backpacking route. The country is beautiful and enormous with a huge variety of things to see and do. Things we did included visiting the famous sand dunes and salt pan, safari, hiking and seeing the range of Namibian landscapes. It truly does live up to its reputation as the most photographic country in the world. I wish I had known I needed a credit card to present on hiring the car (even if you have paid the full balance in advance) a lot earlier - it was a mad rush trying to sort out one before I left! Arranging the rest of the trip was fairly straightforward. I would also suggest buying a Namibian SIM card - I was able to convert all the credit into data so I could communicate with family and friends at home via the phone, which saved me a lot of money.

The most challenging part logistically has been dealing with the lack of internet, computer and Microsoft Word here - Africa in general is not blessed with good access to technology. Equally there is no postal service in the desert (unsurprisingly!) and so I've just had to accept that my elective documents wouldn't arrive on time. When explaining all these logistical problems to the staff at the clinic and the people in the village, there is a typical African attitude of 'why worry? Have a beer' which often means it's difficult to get a solution to anything! It was hard to see some of the very sick patients, and to observe the lack of motivation that means that people in the village are not inclined to visit the doctor earlier rather than later and also not caring about enrolling their children in school etc. I think part of learning to deal with the huge culture difference is just living it and learning to be grateful for the opportunities and privileges we have had.

I would highly recommend the Lifeline Clinic for anyone who would like to experience rural life and resource-limited medical care on their elective. I would also recommend it for the fantastic community you get to know, the beautiful Kalahari and the travel in Namibia. It was also very easy to arrange to visit the other N/a'ankuse sites (e.g. the Wine Estate and the Wildlife Sanctuary) whilst I was there and these were wonderful, unique experiences that will stay with you for a lifetime.

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