

Elective Report – Uganda 2019

The Hospital: Mengo Hospital, Kampala, Uganda.

- Sir Albert Cook Road, Mengo. PO Box 7161, Kampala – Uganda.
- www.mengohospital.org

Elective Objectives

- Managing potentially resource poor patients, patients with increased cardiovascular risk, patients with accessibility issues.
- Coping with language barrier and improving links between Anglo and African hospitals: adding Mengo to AMECA hospital directory.
- Establishing history and examination using as many communication tools as possible. Managing conditions using medical seniors and under supervision.
- Diagnosing and prescribing medication under supervision using hospital guidelines.
- Respecting Bugandan culture and appreciating cultural significance of diet, language, lifestyle and how they impact on health.
- Accessing current medical education and communication standards and adhering or helping to improve communication with changing disease pattern.

Report

The Environment

As an equatorial nation, Uganda experiences 12 hour days and 12 hour night. As I arrived in the rainy season, the thunderstorms were something to be reckoned with. Seeing as it's a lushly green country with 65% of the world's birds, the environment is something to be beheld. The bugs are big, the birds are beautiful, and the colours are iridescent. Mengo hospital is based in the royal district of Mengo, adjacent to Namirembe cathedral. Founded by Sir Albert Cook in the 19th Century, aka the father of modern medicine in East Africa, it's the oldest hospital in the country. Facilities are rudimentary: medical admissions is outside, clinical areas are basic and labware is ten years out of date compared to the UK, but vastly superior compared to rural medical centres.

The Hospital

There are many departments in Mengo, with many opportunities to get involved. The aptitude, knowledge base and techniques are superior to most equivalent junior doctors in the UK, because of the lack of resources available to look stuff up (e.g. BNF, the Oxford Handbook). What are the four classes of diabetes drugs? What level of LDLs would indicate the use of statins? When you haven't got reference ranges to hand, it's incredible how much one feels like a fish out of water. This isn't bush medicine – it is medicine in a resource poor country. When an ECG or X-Ray isn't readily available, doctors compensate with greater diagnostic skill; they would fare well in Britain's A&Es. Since Mengo is a not-for-profit healthcare system (i.e. not free at point of entry), there are other factors that must be considered when treating patients.

General Medicine – Week One

Case Study – Edith, 69

A 69-year-old female was admitted with epigastric abdominal pain, a 3-day history of nausea and vomiting and diarrhoea with around 2kg unintentional weight loss. On examination, she had guarding,

an epigastric mass, Virchow's nodule was negative and the abdominal exam was otherwise normal. The DDX was: ?gastroenteritis, ?perforated ulcer or ?Ca of stomach. In the UK, the patient would've been made nil-by-mouth, admitted to a surgical ward, NG tube, IV Fluids, Chest X-Ray, Full Blood count, Urea and Electrolytes, Liver Function tests, amylase and cancer marker screen (i.e. CEA). Here's how much that would've cost:

Item	Cost (Ugandan Shilling)	Cost (£)
Admittance to Ward	100,000	20
Blood Tests: FBC, U&E	10,000	2
Radiology	10,000	2
Medication: Analgesia, Anti-emetics, PPI,	40,000	8
TOTAL	160,000	32

Now if the average income per household is 600,000 UGX (£120), a trip to the hospital decimates most, if not all middle class homes and makes basic healthcare inaccessible for the working class. For Edith (not her real name), we decided to run the most important investigations into the most life-threatening conditions: infection or perforated bowel. Sadly, we had to omit the investigation for cancer regardless of the red flag symptoms.

HIV – Week Two - Three

My main focus was HIV. Having been raised during the height of the HIV/AIDS pandemic, I fel that our medical education on the disease was satisfactory, but due to the lack of clinical exposure, it quickly becomes forgotten.

As the 2nd largest cause of mortality in Uganda, combined with a prevalence of 9%, I wanted to see the services that the best Ugandan medical services offered to combat the disease. I was delighted to see that Mengo operated a free programme for every positive HIV patient: free appointments, medications, laboratory investigations (CD4 counts, FBC, U&E, LFT, TB). Fully funded by the Centre of Disease Control in Uganda, it was a completely separate entity to the main campus.

I worked in the labs with Dr. Emiau Henry, running FBCs, CD4 counts, malaria Rapid Detection Tests and HIV confirmatory blood spot tests. I also spent time with the infectious disease physicians, shadowing Dr. Rashida Nakimwero in private consultations with patients that were just receiving their diagnosis to long term users of the service. She provided a 3 hour lecture which prepared me to take the HIV Aptitude test for all junior doctors that rotate into the department.

Surgery, ICU & Anaesthetics – Weeks Four to Six

I finished my time with shadowing Dr. Muyanja in ICU and Dr. Benjamin Blick in surgery, shadowing anaesthetists. Whilst pre and post operative care in Uganda is similar to the UK, the complete absence of laparotomy equipment, and therefore laparotomy expertise is very noticeable. Since routine appendectomies were open surgery, post operative care usually resulted in several days of recovery.

Overall, the experience was a good introduction to patient care in a variety of specialities in a resource poor country. Doctors were restricted by hospital equipment and patient funds, resulting in a system that relies on their diagnostic prowess. It was routine for doctors not only to know considerably more clinical minutiae than their British counterparts because of their need to adapt to clinical scenarios.

Contact

- Denis Bwanika – Public Relations Officer

This is the gentleman that liaises with all elective students: midwifery, nursing and medical. He will handle your hospital orientation on your first day and negotiate your accommodation costs.

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- Rose Mutumba

The chief medical director of the hospital, you will see Rose in and around the hospital but will unlikely talk to her.

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- Patrick Luwaga

The deputy chief medical director of the hospital, you will see Patrick on the wards from time to time.

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