Elective experience in Ghana

Rupin KUMAR
RNT Medical College, Udaipur
Rajasthan (INDIA)

Ring the vacation bells, and before I knew it…I was on my way to this tiny, West African country called Ghana, plausibly on retrospection over my daredevilry of holidaying in the ‘you’d-love-to-hate’ Final Year M.B.,B.S. And believe me, Sub-Saharan Africa is not just an AIDS infested, malnutrition tarnished, West indebted package, neither does it solely emulate any of the ‘Fight Poverty and Hunger’ documentaries regularly beaming the BBC/CNN/Al Jazeera stations. For the purposes of gaining Clinical expertise in a different continent and to help gain a hands-on witness account of the differences in the clinical and health care scenario between India and Ghana (…not to forget; an AID factor for my forthcoming exams), I enrolled myself in a 4-week Clinical Electives program conducted by the Royal Triangle Health Services. They helped me start my journey in the Nsawam Government Hospital, a 135-bedded local District Hospital, catering to over 100,000 Outpatients per year.

The Hospital and its Hospitality!
A two-hour drive from Accra, the Capital city, brings me to Nsawam, a predominantly rural district (also home to the largest prison in Ghana!) Its 10am, the usual OPD rush hours, and I am greeted by a fleet of patients who are quite curious about this obvious foreign origin newbie. The Out Patient department had me witnessing the most marvelous and systematic approach to patient management – Prior to approaching the doctor’s consulting room, every registered patient had a:
1. Vitals check and;
2. A Short History of his symptoms taken down by the Nurse. He was subsequently directed to the Doctor/Medical Intern/Physician Assistant.
This, in stark contrast to the regular chaos of screeching and howling we’ve become quite entrained to accept at government hospitals back home in India. The hospital did not have specialty-specific OPDs; the GPs knew the essentials of tertiary medical care for endemic and common afflictions. Critical and severely ill patients were referred to Accra and nearby teaching hospitals.

I was introduced to Dr. Prince Van-ess, Clinical Coordinator and Medical Officer of the Ghana Health Services (GHS), whom I would be ‘shadowing’ for the rest of the elective period. A pleasant, highly knowledgeable man with a good appetite for questions! A very warm and affectionate ‘Akwaaba’ reception by the auxiliary staff and nurses re-affirmed my faith in the famous African hospitality all random Google searches on Ghana would never miss to state…

The Lingua Franca to the Rescue!
In Ghana, a former British Colony, English has a unique status of being the primary language connecting the 1000+ odd indigenous tribes. This fact came to my rescue, since interacting with most of the patients never held any language barrier.

The Wards et al
My day began with the usual ward rounds with Dr. Van-ess. There are TWO wards in the premises- The Male and Female ward. They house both Medicine and Surgery in-patients. It was here that I realized the clinical prowess of these trained GPs with no subsequent specialization degree. An MBBS graduate in India would be more than satisfied in securing a Post-Graduation seat as soon as he gets his Graduate degree; no special after-thoughts on his actual clinical skills, no useful degree of employability. Here, these Graduate doctors:
1. Performed Caesarian sections and minor surgical procedures.
2. Assisted the mid-wives in deliveries requiring special assistance.
3. Performed basic orthopedic procedures like POP applications, Splinting.
4. Treated Medical and Surgical patients with basic equipment and medication supplies.
5. Performed Medico-Legal examinations and Autopsies.
6. Treated basic ENT cases of Otitis Media, Pharygitis, Tonsilitis, Laryngitis medically.
In actuality, Indian MBBS graduates are expected to have a technical know-how of the above procedures. But it’s a rarity to find such Graduates who would rather inundate in equipping themselves with the practical applications as a primary responsibility than slog for the grueling Pre-PG exams. Competition can breed contempt with professional duties too, I think.

The Clinical Scenario in the wards did not differ much when compared to India. A bulk of the patients I saw during rounds were either Malaria, Cellulitis, Ulcers, Hepatitis B, Cirrhosis, Congestive Heart Failure, Tuberculosis, Septicemia and Prostate Cancer (accounts as the most common carcinoma in males in Ghana)⁴. Guinea Worm disease or Dracunculiasis, touted as the next disease to be eradicated after Small Pox, has reduced drastically in Ghana. Since 2004 there was a steady decline in guinea worm infestation indicating a reduction of cases by 99.9%⁵. The Ghana Health Service (GHS) has instituted an award system, which would reward any person who report guinea worm cases with the sum of Ghs100, as part of measures to eradicate the disease. If the trend continued till July, 2011, Ghana will be declared a free guinea worm zone. During my elective stay, I did not come across any such case, though other water-borne parasitic infestations like Schistosomiasis, River Blindness, Bilharzia and Trypanosomiasis seemed to be more prevalent in the Volta Lake region, possibly due to a number of new dams being constructed⁶.

**SICKLE CELL DISEASE**

Should I call myself ‘fortunate’ (as a Medical Student) or ‘unfortunate’ (above all, as a Human with sensitivities intact), as I came to examine around 5 young boys with Sickle Cell Anemia, a very rare diagnostic finding in India but the West African genes seem to carry the stigmata. A pilot newborn screening programme for sickle cell disease in Ghana has confirmed that approximately 2 per cent of babies are born with sickle cell disease annually. It has also been disclosed that Ghana and other west and Central Africa have the highest prevalence rate of Sickle Cell Disease and related disorders in the world⁷. Dr. Van-ess informed me that their median age of survival was not expected to be more than 25 years, leading me to a sense of despair and hopelessness at the irreparability of it all, coupled with a tinge of achievement psychosis of having diagnosed a rarity of a disorder.

Yes, that’s the Satanic Verses spelt out by doctors-to-be. http://www.sicklecellghana.org/

**STATUS OF HIV**

Every ward sheltered around 4-5 HIV+ patients at any odd time, out of the total 30 beds available. That accounts for an almost 17% occupancy, alarmingly high as compared to Indian hospitals. Though WHO and UNAIDS estimate the adult prevalence of HIV in the country as 1.8% (In India, it is pegged at 0.8%)⁸, doctors on ground duty seem to report a rather grim actuality of the situation. According to Dr. Van-ess, 1 out of every 4 individuals tested Positive. He says that if a random check is done in cosmopolitan cities like Accra; many seemingly healthy individuals would come walking in the testing portals with HIV infested in their bloodstream. Such individuals with their unknown-to-themselves HIV status are currently the biggest risk group to the rest of the unaffected population. A compromised immunity with superadded opportunistic infections such Pneumocystis jiroveci Pneumonia, Oral Candidiasis, Tuberculosis, Cryptococcus etc., formed the majority of presenting clinical symptoms. Most of these patients had already entered Stage 4 of the disease and were on their death-bed.

**HIV and the Local Beliefs**

HIV, apart from the social stigma tag with which it is associated, has spurred a number of Witch doctors in the region falsely claiming miraculous cures and propagating a rather irrational ‘Bought and Sold’ theory amongst the gullible masses. Interview a few HIV patients and they tell you that HIV is not a disease, but an entity, a curse meted out by the Satan, and it can be ‘sold’ to the local Witch doctor for some hefty amount. As it holds true for all civilizations, some religious prejudices have surpassed all rationalities of modern thought, education and foresight and have dug foundations deep enough to be unfazed by the countless Awareness campaigns started by Governments.

**Why the High Prevalence?**

Ghana boasts of a more stable democratic government (compared to counterparts Cote d’Ivoire, Chad, Liberia, Gambia), which corresponds to effective social programmes and manages to keep the Prevalence Rate much lower than the rest of West Africa⁹. A high degree of suspicion over Western modalities of treatment coupled with local social evils of promiscuity in tribal areas is adding to the woes⁷.

**Malaria- Much larger Proportions**

A whopping rise from 6 admissions per 1000 to more than 35 per thousand has been recorded in the past five years. Malaria accounts as the number one cause of Under-Five Mortality¹⁰, opposed to Pneumonia in India. Most of the cases in OPD who had Slide positivity for Plasmodium falciparum came with an unusual array of presenting symptoms. Apart from fever, chills and rigors as the traditional textbook presentation was only an occasional symptom. Vague abdominal pain and diarrhea prompted a Malaria test by the Health professionals. Since Chloroquine resistance is rampant, Artemisinin-Amiodaquine and Artemisinin-Lumefantrine formed the backbone of treatments, distributed free of cost to patients. S/P combination tablets were also provided to every pregnant woman as prophylactic
in Ante-Natal clinics. Insecticide-impregnated mosquito nets are also distributed by government organization. Much of the population had been stricken with the disease at least once in their lifetime. Such high is the prevalence, that my doctor was quite amazed that I hadn’t been infected in my month-long stay!

The Labour Room, Ante-natal and Maternity wards
Yes!! I did get to assist the mid-wives in delivering babies, a much elated me! The maternity section is wholly and solely managed by trained Mid-Wives and nurses, the doctor called upon only for complicated cases. We were engaged in Pre-natal monitoring, labour and post-natal follow up. As usual, all ante-natal checks consisted mainly of maternity advice, Folic acid and iron supplementation, Hemoglobin and BP checks, tetanus immunization, anti-malarial prophylactics and provision of high protein food like Soya bean. With counters systematically lined up for provision of aforementioned drugs, it easily stood as the most patient-friendly Ante-Natal Clinic I have seen so far.

The Power of Paramedics
To my surprise, Dr. Van-ess told me that there are just TWO doctors amongst a staff force of 220 in the hospital! To be able to manage such a huge influx of patients with a skewed doctor: patient ratio of 0.9:10,000, the government has started newer courses on Physician Assistantship and Paramedical studies. The empowerment of auxiliary healthcare professionals was to such a degree that they were able to manage cases of Cerebral malaria, dog bites, stabs, minor trauma, convulsions and the like in Emergency wards without prior instructions from the doctor. Maybe in India, if we imbibe a similar model of paramedic skills enhancement, we may manage to antagonize the health care needs of our ever-burgeoning patient population.

Hygiene and Conduct
A high number of HIV and communicable diseases has led to use of double layered gloves amongst health care workers. The wards were spotless; the Nurse-Incharges had the most helpful and caring disposition towards patients, quite a Utopia for a District hospital! (P.S. They were actually using hand-sanitizers after examining every patient; a luxury for government hospital doctors back home!).

Out and About!
During my stay, I was lucky to visit the scenic Kakum National Park with its grandiose Tropical flora, a designed-for-the-Goosebumps Canopy Walkway that’ll make you swing above the façade of the Evergreen forests, 60 feet above ground. Hitch-hiked around to look for some fauna, turned out the shy beasts were nocturnal and they weren’t going to see me before midnight.

Month over, college calls and adieu exchanges brought me back home with a host of tell-tale accounts, an impression of the heart-touching African hospitality that is bound to last forever, educative and learning experiences in a hospital with a patient management system that Tertiary care centres in Third World countries should consider emulating. A summer well spent!

References