

Elective Report – Tanzania and Borneo

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Where I went and why?

I decided early on that I wanted to split my elective between 2 countries so that I could compare not only how healthcare can differ from the UK but between developing countries around the world. My first choice was Tanzania – I grew up in Kenya, just across the northern border, so am familiar with the culture and even speak a little Swahili. I thought that visiting Tanzania would be a great opportunity to see more tropical medicine and to improve my Swahili at the same time. I decided to spend 5 weeks on internal medicine at the Kilimanjaro Christian Medical Centre in Moshi. As the name suggests this university hospital lies at the foot of Kilimanjaro with dramatic views of the snow-capped Uhuru peak looming across the campus. It has a very good reputation in Tanzania, both as a medical university and as a referral centre for the region. It seemed the perfect mixture of interesting medicine, good teaching and beautiful location.

For the second half of my elective I chose to go to Borneo, the largest Island in Asia, which is politically split up by Malaysia, Indonesia and Brunei. It is dominated by one of the oldest rainforests in the world, with jungle so thick that even the main cities are not connected by road; the only transport is by boat or plane. I spent 3 weeks in Kuching, working in the Emergency Department at Sarawak General Hospital, the main tertiary referral centre for East Malaysia. This made for a very interesting comparison with Moshi; for there was a similar burden of disease, with a lot of infectious and tropical medicine, but the healthcare systems were very different indeed. Malaysia is still a developing country however, the level of resources and the affordability of healthcare were far superior to Tanzania.



The Medicine:

At KCMC I chose to spend my placement in the internal medicine department, where I was able to observe a wide range of disease. As I had hoped I saw a lot of infectious diseases such as malaria, TB, and HIV. I also saw diseases that were familiar to me from East Anglia, such as renal failure, malignancy and heart failure, however the presentations of these diseases were much later and more extreme. In particular I witnessed one cases of lymphoma at the start of my placement that shocked me. She was a young Maasai women, who had travelled for two days and presented so

late that she was unable to speak or swallow normally due to the extent of the tumour. Thankfully, she was treated successfully but had a difficult hospital admissions with tumour lysis syndrome. I predominantly worked on the wards, where I helped run the ward round in the female bay, examined patients and assisted the interns. I also attended outpatient clinic, both at the hospital and rurally, and spent time on ITU, where I saw several cases of high altitude pulmonary or cerebral oedema.

My experience on the wards was very much coloured by the reality that Tanzania is a poor country, with a GNI per capita of \$900. Healthcare is available depending on an individual's income and location. Moshi is a relatively rural area with a low-income population therefore it was a daily challenge for doctors to do their work as patients did not have the finances to pay for it. An insurance scheme, called BIMA, is being gradually introduced but for most patients the situation is that they have to pay



upfront for every investigation and intervention. This led to extended hospital stays whilst patients rally round friends and family to come up with the money. Whilst I have had work experience at hospitals in Kenya I was not fully prepared for how depressing this can be when you belong to a clinical team trying to help a patient. That being said, I was impressed by the skill and dedication of the Tanzanian doctors trying to work around these problems. They were highly selective in their choice of investigations and relied more on clinical signs for guidance.

During my placement I relearned and recognised niche signs that I was taught in 4th year and definitely improved my diagnostic reasoning. It is fantastic to have imaging and a full set of bloods to work from, but I have learnt to appreciate they do have a cost, which even our NHS is struggling with, and may not always be necessary.

In Borneo the hospital was larger and better equipped but the patients were admitted with pathology similar to that I had seen in Tanzania, with a few notable exceptions. My placement coincided with an outbreak of rabies in Sarawak, the first in over two decades. Since July there have been 5 human rabies cases and almost 800 cases of people being bitten by rabid animals. This sparked a huge public health campaign, featured on all radio stations and newspapers. Vaccines were imported and administered widely, as there was a serious shortage in Borneo, and official dog bite clinics set up. Another interesting condition I came across was leptospirosis or Weil's disease, a bacterial infection spread to humans from animals, typically by rats urinating into water sources. As the majority of Borneo is covered in rainforest rural villages are typically built alongside of rivers, which act as



drinking sources, baths, swimming pools and the main means of transport. A particular risk group was soldiers who were sent to train in the jungle for months at a time and often presented *en mass* to the hospital with symptoms of leptospirosis.

Unlike Tanzania, Sarawak General Hospital provided almost free health care: there was a 1 Ringgit admission charge (around 20p). The conditions were very crowded with overflow patients lined up in deck chairs in the Emergency Department (ED), which acted as a temporary ward until a bed was freed in the wards upstairs, but patients could be treated. ED operated an efficient triage system with red, yellow and green zones, based on severity, and there were plenty of doctors around to meet the demand of patient numbers. In fact I would almost say that this was a problem as patients were frequently seen by 2 or 3 teams a day so although good management plans were made no team took ownership of the tasks and patients were confused.

An interesting observation I made was in the contrasting treatment of foreign patients in both Borneo and Tanzania. At KCMC, foreign hikers with altitude sickness or injuries on Kilimanjaro were brought straight to the ED. These patients could afford the best care available to them, which was arguably better than that in the UK due to KCMC's expertise in altitude sickness. In Sarawak there is a large population of foreign workers, who are not entitled to free health



care but pay inflated medical fees, making it more sensible for them to attend private medical facilities. However, in road traffic accidents, the main cause of death in Malaysia, ambulances brought foreign patients to the government hospital where I was working. This placed the doctors in a difficult position as they were not allowed to do any investigations, unless they were deemed life saving, until payment had been received. This could be quite distressing for the team: I saw one man involved in a motorbike accident who had to wait hours until his family could arrive and pay. On the other hand Borneo also received a steady influx of 'health tourists', who wished to pay privately for Malaysian health care, in order to preserve their anonymity and avoid the stigma of being a known HIV positive. This health tourism is a growing business in parts of Asia such as Malaysia and Thailand and acts as a reminder of how important it still is to tackle stigma.

Working on the wards

In both Malaysia and Tanzania the ward rounds were conducted in English, which made it easy for me to follow along and ask questions. However, as most patients did not speak English, the language barrier limited my history taking. At KCMC, I was pleased to have learnt enough Swahili to talk patients through an examination: one of my aims in going to Tanzania. Due to hospital policy I was unable to do many

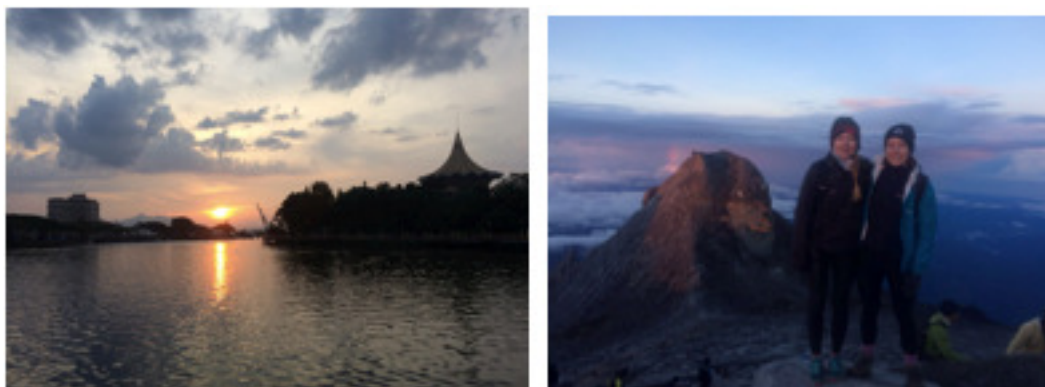
practical skills during my elective but I felt that I gained far more spending time with the clinical team as they discussed cases.

Life on Elective

Moshi and Kuching, the cities I was based in are both delightful places to live. At KCMC I lived in a shared house on the doctors compound with other medical and nursing students. There was a lively community of elective students, from all parts of the world, and I made some good friends over the summer. Moshi is located near to some of Tanzania's most exciting National Parks, including Ngongrongoro crater and the Serengeti, which I was able to visit on weekend trips. Moshi itself is a small sleepy town, with little more than a few coffee shops and a supermarket in the centre. The people are friendliness itself though, and always keen to teach newcomers more Swahili or about the history of the local tribe: the Chaga people. It is also the home of Tanzanian coffee – although don't expect to find it unless you go to a western coffee shop or are lucky enough to be invited into the home of a plantation farmer, in which case you will roast and grind your own beans over the fire!



Kuching is almost bustling in comparison to Moshi. This lovely old city was historically split into Malay and Chinese neighbourhoods by the Sarawak River – even today you can only cross by rowboat. I stayed in a youth hostel on the waterfront, which allowed me to explore the food markets and sights on foot. There were less elective students whilst I was there but this was not a problem as I was travelling with a friend from Cambridge. Again, it was possible to visit some of the wonderful sites that Borneo is famous for on our weekends. Particular highlights were seeing the orang-utans at Santubong, exploring the caves in Mulu National Park and finally climbing Mt Kinabalu at the end of our trip.



Final Thoughts:

I have been excited about my elective ever since I got into medical school. All I can say is that it definitely met my high expectations. I experienced challenges both on the wards and off but I was lucky enough to have two fantastic medical placements, see diseases I had never seen before, meet great teachers and new friends and experience living in two countries that I would very much like to go back to. My thanks to the Selwyn College Medical Elective Fund for support.

