

Unforgettable African experience

Coast Province General Hospital, Mombasa, Kenya, was the location for **MICHAEL COTTER'S** elective experience.



In June 2007, before commencing my fourth medical year at RCSI, I joined four other medical students for an elective in Kenya. During our month-long elective we had the opportunity to experience rotations in paediatrics, obstetrics and gynaecology, general medicine, and general surgery in the Coast Province General Hospital in Mombasa.

The elective was organised through the Interactive Voluntary Development Network, which provided our work permits, accommodation and even a wilderness safari. This organisation has past experience with Irish medical students from RCSI, Trinity, and UCD, and tailored the programme and the activities closely to our expectations. After completing my third year at RCSI I was yearning for a medical experience vastly different from the traditional teaching environments in Dublin. Kenya turned out to be the perfect fit. The trip to Mombasa from Nairobi was epic; the landscape of dry, shaded browns was a far cry from the green Wicklow hills. The next day the adventure continued, with a harrowing eight-hour bus ride through relentless terrain until our arrival in Nyali.

Our first day in the hospital began with the customary tour and introductions to the staff in the various departments where we would be working for the next few weeks. I began my experience in paediatrics. Most days consisted of a morning ward round with a consultant, medical officers, and a gaggle of medical students. Afterwards we would assist the staff in their practical work of inserting intravenous lines, taking blood samples and completing the associated paperwork. Though we were inexperienced in dealing with child patients, the medical staff and parents appreciated our efforts.

Coast Province General Hospital is a public hospital and caters to the very poor who cannot afford to go to one of the better-equipped private hospitals nearby. There was a serious lack of basic equipment and other resources. Oxygen administration was unregulated and the paediatrics department spent months raising funds for a ventilator, which turned out



to have the wrong parts. Many doctors do not place much faith in lab results, as they are often inaccurate and, in addition, are too expensive for most patients to afford. This lack of reliable testing led us to rely on physical examinations and, in many cases, collateral histories from the mothers. As students we are repeatedly told to concentrate on history and physical examination, and this was a great illustration of that watchword.

Most of the illnesses afflicting our patients I had never encountered in Ireland. Meningitis, HIV/AIDS, and malaria were commonplace, and are treated by the local witch doctor before Western medicine is considered. I saw the effects of the treatment: black painted circular marks and shallow cuts in the skin of the chest and other areas.

The next rotation I participated in was obstetrics and gynaecology. This rotation was spent primarily in theatre delivering babies by caesarean section, or assisting with difficult vaginal births. Some experiences were extreme. In one case, we spent four hours trying to stop a lady from bleeding without any means of cauterisation. Thankfully, her child recovered in one of the few incubators in the hospital. The young doctor who performed the surgery assured me that mother and child would recover, and told me that cases like this were common.

The practical experience I gained in Africa has given me more faith in the hands-on approach to medicine. It has also made me more aware of the importance of observing the patient, both the signs displayed and the feelings expressed. It is not enough to rely exclusively on scans and tests in formulating a diagnosis. This elective was a thoroughly rewarding experience and I recommend it to any medical student wishing to see a different side of medicine and a different world.