

Swaziland Through My Elective Placement



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Home-based care deep into community

I remember vividly my excitement and the episodes of palpitation when I decided to do my medical elective in Africa. Yet, the only things that crossed my mind at that time were elephants, hot deserts and Burkitt's Lymphoma. I packed three goals along with my 7kg luggage: to learn, to serve, and to explore, and embarked on a 48-hour travel to Good Shepherd Hospital in Swaziland, Africa.

Swaziland, a monarchy with a total population of 1.2 million, is a developing country of lower middle income. Its health profile strikes my interest as its average life expectancy of 50 years old and that HIV and Tuberculosis pose a heavy burden to the country.

The Good Shepherd Mission Hospital is located around 700m above sea level, near the eastern border of Swaziland in Siteki. It is a 201-bed rural hospital, responsible for the health care of Lubombo region, making around one-third of the land area of Swaziland.

My experience working at Good Shepherd Hospital was absolutely remarkable. I was posted to the medical outpatient, pediatric, obstetrics and gynecology departments as well as the HIV and TB clinics during my 30-day elective, each of which contributed to my unique African experience. During my work there, I came across a whole spectrum of conditions attributed to HIV and/or TB, like cryptococcal meningitis, HIV cardiomyopathy, TB pericarditis, Kaposi sarcoma, lumbosacral polyradiculopathy and pneumocystis pneumonia. Nonetheless, I learned the most beyond the four walls of the hospital.

The highlight of my elective was my working days at Ebenezer, a peripheral clinic located 15km away from Good Shepherd Hospital. It is a rural primary care clinic run



*Elective Students at Good Shepherd Mission Hospital, Swaziland.
First Row: Phillip (Austria), Chris (UK), Thomas (Austria), Me, Oli (UK)
Second Row: Dr Pons (ophthalmologist), Thomas (German),
Franchester (UK), Rebecca (France), Dr Graeme (South Africa)*

by nurses. I lent my service there as a student doctor, working in pairs with other elective students. We were supervised by staff nurses and assisted by a translator to attend to the medical needs of the patients. It was truly a great experience which, in my opinion, parallels the goals of my undergraduate training.

We diagnosed medical conditions based on clinical skills with simple tests like the haemoglobin test, glucometer, urine dipstick, urine pregnancy test and HIV rapid test. When we picked up on danger signs of malignancy or TB, we would refer patients to the hospital for further checkup. I encountered a wide array of medical conditions during my service there like chicken pox, suspected TB spine, unilateral pleural effusion, suspected laryngeal carcinoma, threatened miscarriage, sexually-transmitted diseases and quite a few psychiatric disorders. We also volunteered to repaint the clinic as a service to the community.

I joined the home-based care team, under the lead of Sister Andrew, to travel as far as 60km away from Good Shepherd Hospital to a community in service of bed-bound patients. The service provided by the home-based care team is remarkable. It encompasses basic patient follow-up, pill refill, palliative care service, active case screening around the community, as well as providing emergency food and clean water to the victims of drought. We would usually wrap up every visit by singing hymns in a circle as part of holistic medical care. It was through this service that I got to go deep into the community and interact with the locals. The innocent faces of the children smiling with their white teeth still flash through my mind now. Plus, it was a good chance to tour the country and to explore Africa during winter.

Perhaps the most precious lesson I learned from this trip to Africa would be the social impact of diseases on

a community. The main economic income of Swaziland is derived from agriculture, particularly sugarcane. However, the country was struck by drought during my visit. Many families were affected by factory retrenchment due to low sugarcane production. HIV and TB made the situation more complex by reducing workforce productivity, pushing the people into a vicious cycle of poverty. On the bright side, many Non-Government Organisations like World Vision, Unicef, and WHO, missionaries, and volunteers joined hands to provide help for the locals. I am humbled to have multiple personal encounters with these giants. These interactions have given me more insight into the Millennium Developmental Goals and reminded me again that humanity remains and should always be the centre of the medical health force.



Assisting Ebenezer Clinic as Student Doctor

Swaziland is by no means short of places to unwind. Instead of big malls and cafes that the big cities offer, I opted for hiking, market hopping, safari game drive, stargazing and sunset watching at the peripheries. I also enjoyed my getaway to Mozambique and Cape Town with other medical elective students. My elective ended on a high note when I delivered my first baby under the supervision of local midwives.

In summary, I recognise that Good Shepherd Hospital truly welcomes student contribution and participation. I would like to thank my family for always being supportive and UCSI University's Faculty of Medicine and Health Sciences for this opportunity. My special thanks to Dr Jonathan Pons, Good Shepherd Hospital's elective programme coordinator, and Madam Angela Warbreck, hospital administrator, for making this elective an unforgettable and fabulous experience. I landed in Africa as a burned-out student who had just passed his professional exam, but 30 days later, I left this beautiful land as a fully recharged and humbled aspiring doctor-to-be.