Life & Times

Worlds apart:

a reflection on a Ugandan elective

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I'd like to say we chose a Ugandan elective for the adventure. A developing country. A health service quite unlike our own. Diseases we'd never seen or heard of and an opportunity to experience an alien culture.

The truth was we were penniless students and the hospital said they'd take us for free.

And so we touched down at 4 a.m. in a country I couldn't confidently point to on a map, with inevitably the wrong currency and no idea where our accommodation was. The next city over, it turned out

Two months passed quickly in a blur of wide-eyed culture shock and occasional regret. 'We could have gone to Malta' became our new motto. For every time we chased a cockroach out of the bathroom. For every power cut, taxi accident, and the one mugging. We were only half-joking.

We occasionally checked social media and saw our friends posting heart-warming stories. Delivering babies in remote clinics in India. Seeing and treating rare and wonderful diseases in the tropics.

It's not that we lacked these experiences. We certainly had enough stories to fill a soul-searching reflection for our e-portfolios. But my overwhelming feeling was utter gratitude for what we had back at home.

We spent most of our time at a private hospital and GP centre, and were quite naïvely astounded at the mercenary nature of the care. Payment first. Treatment later. Of course.

One woman came in with widespread oedema and orthopnoea. The GP quickly outlined the tests he wanted. Liver and renal function; an echocardiogram. Chest X-ray. Maybe this was a drug interaction? The patient flatly refused. Pick one, she told him. I can't afford them all.

Twenty minutes of negotiating later and she left to catch a bus to Kenya. The investigations would be cheaper there. It was worth the travel.

There were other options, of course. Rumour was that at the local government-funded hospital the janitor dispensed the medication. Funding was low and resources scarce.[1] Any enquiry about the state hospitals was met with a shudder: *'I wouldn't go there.'*

And so it wasn't just the rich and insured using the private hospital. We met a motorbike-taxi driver who claimed to make £6 a day. Half went on his family, half was saved for medical care. He wanted to be prepared, he told us. The public hospitals weren't an option.

Eventually returning to the UK proved something of a relief. A relaxed GP placement a world away from the Ugandan healthcare system and a return to the less mercenary nature of the NHS.

The first patient of the day sat down. She had widespread eczema and was struggling to control it with her usual emollients. It was infected, cracked, and weeping. The GP printed off the prescription. Flucloxacillin, more emollient, a steroid.

The patient looked at him blankly.

Pick one, she told him. I can't afford them all.

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REFERENCE

1. Kiguli J, Ekirapa-Kiracho E, Okul O, *et al.* Increasing access to quality healthcare for the poor: community perceptions on quality care in Uganda. *Patient Prefer Adherence* 2009, **3:** 77–85.