Final Year Medical Elective 2013
BEIT CURE International Children’s Orthopaedic Hospital,
Blantyre, Malawi

Malawi, at the time of my visit, was not quite the country I had expected. Prior research and anecdotal advice from colleagues had led me to think of Malawi as a stable yet poor country, recipient of much aid from the developing world but essentially making consistent progress towards a better life for Malawians. My elective painted a different picture.

The political situation was far from stable. The incumbent President, Joyce Banda, held a tenuous grip on her Presidency (after coming into power after the untimely death of the previous President- Bingu wa Mutharika). A plot, by Mutharika’s followers, to stage an unconstitutional coup d’état was unearthed during my stay in Malawi. The news, understandably, was followed with much rioting and violence. My understanding prior to arrival was that Malawi received a lot of overseas aid because the Government is making steady progress towards investing aid money into local infrastructure and the economy. Economically the country was in steady decline- the Malawian Kwacha devalued from MK300: 1GBP to MK590: 1GBP during my 10 week stay. The poorest Malawians (the majority of the population) were struggling to afford basic foodstuffs- maize flour, oil, vegetables. Offals were a luxury and most young children hadn’t eaten a decent cut of meat in months. Corruption, surprisingly, was rife. There were stories abound of aid money being embezzled by Government officials to fund their private companies. Indeed, millions of US dollars cash were found stashed in Bingu wa Mutharika’s house after his death. The basic infrastructure required for a country to function wasn’t in place. The road from Blantyre to the country’s previous capital, Zomba, was being built. The local government hospital had such a severe funding shortage that most of the equipment was donated and they had a constant shortage of doctors. There were no emergency services to speak of- in an emergency situation a patient could choose to be driven to the nearest hospital by a friend or kindly stranger or to die. Unfortunately for the young woman who was hit by a minibus as I was shopping in a market on my first day in Malawi, death was the only outcome she could afford.

The Hospital

BEIT CURE International Orthopaedic Hospital is a well-funded and equipped elective paediatric orthopaedic hospital in Blantyre. The hospital has a paediatric wing in which local patients, as well as some from Zimbabwe and Mozambique, are fed, clothed and cared for. The hospital also has a small private wing for elective surgical patients, which provides the hospital with additional income. Most surgery is orthopaedic with some reconstructive/plastic surgery too.

The level of care delivered is excellent. The patients and their relatives receive thrice daily meals (often more than the children had eaten in months). This enables children to put on weight and ensure maximal recovery from their operations. The operating theatres have a team of orthopaedic surgeons from the U.K., U.S.A and Malawi. The team of anaesthetists consists of members from the U.K. and U.S.A. Local Malawian staff are trained at the Malawi College of Medicine and employed as Clinical Technical Officers to assist the anaesthetists. Orthopaedic teaching, a collaborative effort with the College of Medicine, takes place every Friday for consultants, registrars and medical students.
Entrance to the hospital on a very sunny day!

Children’s play area funded by donations and constructed by a local social business (not-for-profit, employing locals)

Nurses’ station on the ward
Medical Experience

Life as a medical student consisted of attending tri-weekly ward rounds, compiling theatre lists, attending/assisting in surgery and attending clinics. There was an opportunity to gain practical experience of anaesthetics- particularly induction and recovery.

The most commonly encountered orthopaedic pathologies were Congenital Talipes Equinovarus (CTEV), Fixed Flexion Deformities (FFD) of the elbows and knees, osteomyelitis, cerebral palsy and burns.

A lot of interesting pathology could be found on the wards as well- congenital pseudoarthrosis of the tibia, developmental abnormalities and poorly executed surgery (at other institutions!) that required revision.
Projects

There was plenty of time to get involved in current projects and to initiate some of my own. The advantage of getting involved in projects is the ability to influence lasting change in the local community—thereby making a sustainable difference. There is a lot of opportunity and scope in Malawi for research!

Clubfoot (CTEV)
Malawi is the first Sub-Saharan African country to conduct a nationwide Clubfoot programme which consists of 20+ clinics in Malawi where patients are treated with the Ponseti method (surgery is used as a last resort). If successful, this programme could be introduced in other African countries. At the moment we are compiling data on the programme, which has been running for 7 years, to analyse and publish.

Fixed Flexion Deformities (FFD)
I noticed that children with FFDs weren’t investigated for underlying medical causes (which are potentially easily treatable). I’ve proposed developing a protocol to investigate and manage these children. The hospital is looking to collaborate with the local government hospital (Queen Elizabeth Hospital) on this project in the near future.

Making a Change and Sustainability

Sustainability was an important consideration for my elective, to ensure a lasting impact on the country I visited. Thanks to many donations from individuals in the U.K. I was able to fund one child’s complete treatment, buy a
nebuliser machine for the anaesthetic department and have a custom-made wheelchair made and fitted for a young child with oestogenesis imperfecta.

The Future in Malawi- Junior Doctors?

During my time in Blantyre, I visited the local government hospital- Queen Elizabeth Hospital. It is a very resource-poor and underfunded hospital. The chronic shortage of doctors in Malawi is counteracted by a large number of overseas registrars working in the local hospitals whilst performing research at the Malawi-Liverpool Wellcome Trust. Interestingly, the registrar-level care is not a problem at the moment. Junior doctor level care is. There are multiple reasons for this- Malawian medical graduates finding employment with NGOs and the government, a ‘brain drain’ from the country and lack of sufficient pay for junior doctors. Could a scheme be devised to encourage UK junior doctors to work in Malawi for a year to fill this gap, whilst obtaining invaluable experience? My final project in Blantyre was to develop a proposal for exactly such a scheme, giving individuals the potential to exact even more lasting change in such a poor country.

Overall my experience in Malawi was fantastic. The locals are incredibly friendly and the weather is beautiful. I’d like to thank the Beit Trust for their kind contribution towards my elective. I’d also like to thank Green Templeton College for theirs. Lastly, I’d like to thank all the individuals who donated money to make a difference the lives of children in the hospital.