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Elective Report

I travelled to Durban on the east coast of South Africa to undertake my 6 week elective in anaesthetics at Inkosi Albert Luthuli Central Hospital (IALCH), a relatively recently constructed tertiary and quaternary referral centre. IALCH receives referrals from the entirety of South Africa and but is primarily a referral centre for the Kwazulu-Natal province with a population of approximately 10.5 million people. The province contains approximately 75 specialist and regional government hospitals that are able to refer on to IALCH for their most demanding or complex patients. Spending time there was not dissimilar from many of the large teaching hospitals I had spent time in as an undergraduate. Whilst in Durban I also spent time in a more conventional South African tertiary hospital, King Edward VII (KE). The contrast between the provincial flagship hospital, IALCH and the ex-army, now government KE, was stark, both in services available and the fabric of the buildings.

I had travelled to South Africa with the intention of deepening an interest in pain management in the context of the major trauma something which places a substantial strain on already chronically stretched healthcare services. As I got into the day-to-day rhythm of the departments I visited, however, I realised that I had much more to learn about the basics of anaesthesia and anaesthetic practice. As juniors South African doctors are expected to undertake a two-year prescriptive set of rotations in order to equip them for the so-called 'community service' component in the third year out of medical school. Often juniors are placed in rural settings where investigation and treatment is far more limited than in teaching hospitals. Having grasped the basics of anaesthetics in two months during their second year, young doctors are expected to be able to anaesthetise and recover patients on their own. More often than not they are also called upon to provide regional analgesia in the form of spinals for caesareans and nerve blocks for trauma. It was within this context that I began to learn about anaesthetics.

Initially with close supervision I was integrally involved with each stage of preparing a patient for theatre. From pre-assessment the night before surgery to taking patients through to recovery and managing post-operative pain. I was taught how to perform spinals, regional blocks, intubate – nasally and conventionally and cannulate more confidently. Time in theatre was spent learning about the importance of equipment checks and emergency drugs. Having theoretical discussions about basic physiological principles and then seeing them manifest themselves in the patient in front of me was a particularly powerful experience.

South Africa is clearly a fertile training ground for young doctors of any ilk. The procedural experience of the juniors was impressive and a testament to good training and supervision in theatres. Coming from a background where patient's ideas, concerns and expectations are the centre of any good undergraduate student's history, I reflected on the difficulties in communication that were a daily occurrence in both the departments I visited. Difference of language was often an issue between patient and doctor or even doctor and nurse. I frequently observed, bemused at times and helpless at others, as instructions were gesticulated, acted out or drawn out to communicate important concepts. Important clinical exchanges can be difficult in such situations. Differences in language, cultural background and differing attitudes to what constitutes health and healing compound the natural fear of anyone undergoing surgery. This also made me think of the less tangible role of anaesthetists in preparing a patient for theatre. The ability of anaesthetics to allay patients' anxiety or act as a premedication in human form is largely lost when communication is stunted for whatever reason.

I am extremely lucky to have been exposed to this environment at this stage in my training. I have gained valuable skills which I have already been able to put to use back home. I have also used the experience to confirm that anaesthetics is a specialty that would suit me and continue to be excited by the prospect of training in anaesthetics.