

## Elective Report

**Project Title:** *Elective ethical toolkit - an essential for medical students working abroad*

**Venue(s):** Sir Seewoosagur Rangoolam National (SSRN) hospital, Mauritius

Manguzi hospital, KZN, South Africa

**Supervisor(s):** Professor Richard Huxtable and Dr Anna Harrison

### **Elective account:**

I spent the first half of my elective, 4 weeks, at the SSRN hospital in Mauritius where I split my time between Accident & Emergency and the paediatric ward. SSRN is a 500-bed government funded hospital, one of Mauritius' main hospitals. It serves the large proportion of Mauritius' population who cannot afford private healthcare. The state funded primary health care clinics are used much less than NHS GP's/health centres in the UK, with most of the footfall going through A&E. This meant there was a challenging mix of very fast GP-like consultations alongside critically unwell people arriving via ambulance or brought in by family. I spent time observing consultations and minor operations/dressings, helping in the treatment room and taking histories in the treatment unit. I also had the opportunity to go out in the ambulance with the SAMU team and retrieve patients on blue light calls, following them through resus treatment. During my time in A&E I witnessed some situations that I found ethically troubling. I felt there were serious issues with confidentiality, privacy, dignity and infection control – all of which I reflected on as part of my project. At times I was also discouraged from using gloves for blood taking procedures and saw practices that would not be considered 'good practice' in the UK, some of which I would consider personal and patient safety issues. I spent the second half of my time at SSRN on the paediatric ward where I saw a variety of conditions, some of which I had not seen in the UK, such as rheumatic heart disease. I was able to examine patients with distinctive clinical signs on the ward round, with consent of parent and child. I also spent some time in NICU and was amazed by the care they were providing despite a very poorly resourced unit compared to what I'd experienced in the NHS.

The latter half of my elective was spent at Manguzi Hospital in the KZN district of South Africa. Manguzi is a 280-bed district hospital that serves a very large population over a huge area via its' network of village and mobile clinics. Living on site, as did most of the staff, I was warmly welcomed into the team. I was privileged to work with doctors there, some of which were only a few years more senior than I, covering whole wards alone in the day and covering a seemingly impossible number of emergencies out of hours. With a high prevalence of HIV and TB; poor management of chronic diseases such as hypertension and diabetes; and difficult social factors such as poverty, substance misuse and mental health stigma – the patients I saw on general wards were sometimes as sick as ITU patients in the UK. I also took the opportunity to go out to some of the rural village clinics in 4x4's as well as spending time with the allied health care team members, both of which demonstrated the structural challenges of providing holistic, comprehensive and consistent health care in the community. I had the opportunity to assess patients in an A to E format regularly in their casualty and was involved in my first cardiac arrest management, which although difficult, was a highly valued learning experience. Fortunately, I attended the call with 2 senior doctors and nursing staff but it highlighted to me the increased chances of an emotionally scarring experience when working as an elective student in a hospital which is less staffed and without a formal crash call team. In Manguzi I gained a huge amount of experience in many aspects both professionally and personally, for which I am very grateful to the hospital staff and to the IME who helped fund my elective.

**Aim:** To create a set of recommendations for elective students that enable them to act safely and ethically, for the welfare of themselves and their patients; ensuring they can return home feeling confident in the beneficial nature of their elective experience.

**Research questions:**

1. What ethical problems do medical students face when working in hospitals abroad?
2. Why do these situations arise?
3. What steps can medical students take to avoid these situations?
4. What strategies can medical students utilise to act safely?

**Conclusions:**

Using structured reflection of my experiences during my elective I have identified the common ethical issues faced by medical students on elective. These were grouped into 5 categories; maintaining ethical standards, informed consent, acting within competence, cultural differences and resource usage & health care provision. I have proposed the reasons why these issues occur and formulated a list of ten recommendations which I hope will be useful to medical students as some guidance to read whilst planning or shortly before departing for elective. I believe I have met my research aims but I acknowledge that my project does have some limitations. Electives are diverse in nature and I can only base my guidance on my experiences and the experiences of some of my colleagues. This guidance is generalisable to electives in low resource settings but would not be incorrect, albeit less suited, to electives in more resource-rich or out-of-hospital electives. A further step to this project could be a questionnaire distributed to my cohort of elective students to ask what ethical issues they faced, giving a wider view. I have focused on the practical element of ethical electives and providing specific strategies from a student perspective which I think makes my guidance different to other guidance available. I presented this work at the IME National Student Conference and won the Mark Brennan Prize 2019. My poster will also be presented at the IME National Summer Conference in June 2019.

**Reflections:**

Reflecting on my elective experience it has clearly been a very useful element of my undergraduate education. I saw clinical signs and end stage disease that I had not come across during my placements in England. It also gave me a chance to bring my knowledge together and apply it to interesting cases that had limited investigation results compared to what would be done in the NHS. This allowed me to practice my diagnostic reasoning in a more thoughtful way. The prevalence of HIV and TB complicated everything else in these cases and I gained some insight into how multifactorial the management must be to effectively control these diseases in populations. I had the opportunity to assess patients in an A to E format regularly in their casualty and was involved in my first cardiac arrest management, which although difficult, was a highly valued learning experience.

My elective experience and the process of completing this project will affect my future in the following ways. Revisiting bioethics following my intercalated year has been enjoyable and has strengthened my desire to continue my involvement with the field as a stem to my career. I also confirmed an expectation that I would like to do an F3 year in a hospital like Manguzi. There were 2 British doctors there taking time out from training and their experience was inspiring. Also, seeing two countries with struggling health systems and

poorly managed chronic conditions on a large scale reaffirmed my appreciation for the NHS and my hope it will continue its' ideals throughout my career.



## ***Elective Ethical Toolkit:***

1. **Go on elective with a friend** or choose a host hospital where there will be other medical students. At a minimum, ensure you can have reliable contact with family/friends at home in case you find yourself dealing with emotionally difficult situations. Your university can also support you.
2. **Keep yourself well** physically, mentally and emotionally. Do not take unnecessary risks and do not neglect usual coping mechanisms or sources of support.
3. It is **not your responsibility to project your ethical standards on to all the health care staff you work with** on elective. When observing take small steps where possible, such as drawing curtains and introducing yourself as a medical student (helpful to learn in local language). However, **when you are interacting with a patient you should uphold the same privacy, consent and cleanliness standards that you would when working in your home institution.**
4. **Refresh your latest life support training** (ILS/BLS) before you travel. **Check local protocols for emergencies** when you arrive. **Avoid being in high risk areas** (A&E, maternity ward, theatre) **without a senior staff member**. If an emergency occurs, trust in your training and send for help.
5. **Decide in advance** of starting on a ward/department **what procedures you would and would not do, and under what conditions**. Stick to this as it has been made with clear judgement. Decline offers politely or ask to observe this time.
6. Patient safety is always paramount. **If you see a patient at risk of harm inform a senior immediately**. Do not let the fear of being perceived as rude interfere with your better instincts.
7. Communication may be difficult but make every effort. **Utilise nurses or family members to translate**. Be aware that some patients may have a poor understanding of health care matters or may have been misinformed previously. Remember that **non-verbal communication skills still matter**.
8. Be mindful of equipment usage but don't compromise patient safety. **Take gloves and alcohol gel** with you and use them even if other staff discourage it.
9. If you feel your **supervision or teaching is overburdening a busy doctor** discuss it with them and **negotiate a more balanced schedule**. Alternatively split your time between other staff.
10. **Be open minded and respectful** of cultural differences. **Ask, ask, ask. Questioning promotes discussion** and is the best way to learn and an effective way to tactfully point out practice you believe to be bad.