

CFHI Reflections Paper: Janelle Cooper

My name is Janelle Cooper and I am a fourth year medical student at the University Of Maryland School Of Medicine in Baltimore, Maryland. I recently completed the CFHI program in Cape Town, South Africa entitled “Healthcare Challenges in South Africa” during the month of February 2010. I was a recipient of the CFHI Scholarship. I am so grateful to have received it for this program because as a medical student I already have significant debt accumulated in student loans. The entire cost of the program was also covered by student loans, therefore this scholarship has helped to reduce my overall financial burden.



Kirstenbosch Botanical Gardens

I have traveled outside of the United States before, but the extent of my travel was limited to typical vacation spots such as the Bahamas, Cancun, and most recently the Virgin Islands. While in the Bahamas I traveled outside of the resort area and drove through several neighborhoods stricken with extreme poverty where many people lived in run-down shacks. It was my first experience traveling to an area such as this and became the basis of my expectations for the Cape Town program. Prior to leaving for South Africa I expected that I would see and work in poverty stricken areas similar to what I had seen in the Bahamas. I had also heard from friends who had been to Cape Town that it was very modern and that I would feel like I was in a major city such as London. In addition, I expected that once I traveled outside of the Cape Town region, I would encounter more rural areas where farming was still prevalent and also where wild animals roamed freely. My actual experiences in Cape Town were pretty close to my expectations. I did see and work in extremely poor areas and served a population that lived in these townships. Cape Town was indeed a modern city and many areas felt as if I were back home in the US. When I traveled outside of the limits of Cape Town, I was pleasantly surprised that although there were many rural towns and farms, the country was much more beautiful than I had imagined. In my mind, I expected to see vast flat desert-like areas with few trees and in reality I encountered endless mountain ranges, lush green valleys, and crystal blue waters along the coast.



The hospital I was assigned to was GF Jooste Hospital, a government-run hospital mainly for patients with no health insurance and no other access to care. My expectations of the hospital were that the resources would be limited regarding technology and medical supplies and that the population would be overcome with HIV/AIDS. I thought that the hospital facilities would be run-down and very small with one or two large wards with many beds side by side. I also expected that there would be a large number of patients assigned to each physician. What I actually encountered was similar to my expectations but also very different in many ways. The hospital did have limited resources but often obtained X-rays on patients, had one CT machine, and the ability to conduct sonography and EKG's. Although they didn't have the fancy imaging technology that many American hospitals did such as MRI's and PET scans, they were more advanced than I thought and if the patient required more advanced care, they were sent to a government run tertiary hospital nearby. The hospital facilities were also nicer than I had imagined with 4 wards, separated into female and male wards, outpatient clinics, an emergency room, several OR's, a pharmacy, a computer resource center for medical students, and separate areas for radiology.



GF Jooste Hospital



Patients on the front lawn

I was also surprised to find that there were so many medical students working alongside the physicians. The medical students at the hospital were from the University Of Cape Town Medical School. In South Africa, medical school is for a total of 6 years after high school and by the time the students are in their final year, they essentially function as interns with limited supervision by the residents and attendings. I was impressed with their physical diagnosis skills and their application of medical knowledge without the use of sophisticated technology. I realized that their skills were so sharp because they didn't have advanced technology and it made me wish that I had been trained in a similar manner. The students drew their own blood and labs and often took them to the lab themselves. They did bedside procedures on their own such as spinal taps and thoracentesis. The amount of autonomy they had with patient care was astonishing since as medical students in the US we are allowed to do very little and definitely not allowed to make decisions regarding patients on our own. We befriended several of the students and worked closely with them helping to care for their patients. We also attended teaching rounds and bedside teaching sessions that were scheduled for the UCT med students. In the end I found out that as impressed as I was by their clinical skills, they were equally impressed with mine.

The perceptions of physicians and the attitudes of patients toward them were drastically different than in the US. The overall tone of the interactions was mainly paternalistic where patients followed the physician's orders often without question. I immediately sensed the differences in the autonomy of patients as well, especially when I discovered that the patient only signed one consent form upon entering the hospital and that most of the time the patient did not receive informed consent when their clinical situation changed or when a procedure was done. Physicians in South Africa were not concerned that lawsuits were going to be brought against them because very few lawsuits against physicians actually existed. Therefore, they did not practice defensive medicine the way we do nor were they trained to shield themselves from lawsuits by ordering endless tests and procedures. The medical students couldn't imagine that we were being taught to practice defensively and they were surprised to learn that we were not allowed to manage patients similar to the way they did due to the fear or being sued and the attitudes of Americans toward their healthcare.

It is known worldwide that southern Africa has one of the highest infection rates of HIV & AIDS, especially South Africa in particular. With my medical school being in Baltimore, I already had experience taking care of patients with HIV, but I expected that I would learn more about the disease in its advanced stages as well as how the country deals with prevention and disease management. Although I knew that many of the patients would be infected, I did not expect that it would be the rule, not the exception in my hospital. I was told that approximately 55% of the patient population that I was seeing was infected and as I learned from the UCT students, every patient potentially had HIV unless proven otherwise. Testing was widely available and so I naturally assumed that each patient would be given a test as standard protocol, but many patients refused to be tested. I was surprised that HIV carries a social stigma in South Africa because I expected that in a country where it was so prevalent, there would be less of a stigma and more open discussion. Many patients had access to anti-retroviral drugs and yet their HIV was in the advanced stages. Patients frequently had muscle wasting and I saw Kaposi's sarcoma several times. Their CD4 counts were almost always below 200, often below 100 and opportunistic infections were common.

In my medical textbooks, HIV/AIDS in its advanced stages was often associated with Tuberculosis. In the US, TB is a rare condition, even in a major city such as Baltimore. When a patient is even suspected of having TB, they are immediately isolated into a negative pressure room, and all personnel who enter must wear a mask. So, naturally I at least expected that patients with TB would be isolated from others. What I found was that TB is almost just as prevalent as HIV and often the two go hand in hand. If a patient did not have an active TB infection, they almost always had some form of a latent infection. The logic is that since the patients with HIV or AIDS contract TB so easily, it is commonly found among a population that is greatly affected with advanced cases which therefore increases the exposure and infection rate among those who do not have HIV. The patients with TB were not isolated, they were treated just as any other patient on the wards. It was shocking to see approximately 64 patients in one open ward side by side in beds when so many actually had TB. On the walls were signs that said "Prevent the spread of TB, Open the windows." The only time that patients were regularly isolated was when they had a multi-drug resistant form of the disease. Coming from the mindset that TB patients must be isolated no matter what, I was really nervous that I was going to contract TB being exposed to it on a daily basis. Even though I wore masks when examining TB patients, I also knew that there were also patients who may have had an unknown infection and I could be exposed. Due to precautionary measures in the US, I have never felt threatened by exposure to hazards while working at any hospital, therefore this was a new and very scary feeling to have.

Overall, I would have to say that my experiences at the hospital were eye opening in some aspects and disappointing in others. I was thankful for the opportunity to see classic textbook cases of many diseases that I would have otherwise never been able to witness in real life. While there I saw cases of HIV & AIDS, Acromegaly, multiple stabbing and gunshot trauma, TB, CHF, uncontrolled diabetes, advanced stages of many types of cancer, and many cases of COPD. At times I was disappointed with my teaching experiences at the hospital because the physicians were short staffed and overworked,

therefore they had little time to teach and were too busy to have you work with them. I ended up learning so much from the medical students I worked with and am glad I had the opportunity to meet and learn from them. I would recommend that if any student has the opportunity to work with medical students from UCT, definitely take advantage of it because so much can be learned by comparing and contrasting.

Life outside the hospital was challenging at times but also a very rewarding experience to learn about the culture and social norms of South Africa. The home-stay family that I lived with consisted of a widow, her daughter, and grand-daughter. The house we lived in was small, yet I was very comfortable by the end of the first week, despite having to share a bathroom with 4 other people. I learned how to adapt to an unfamiliar environment and to live without the modern luxuries that I had become accustomed to. I learned to live without a shower (bathtub only), to live without access to television and automatic internet access, and what it is like to dry clothes on a clothesline vs. using a dryer. We didn't have air conditioning with temperatures in the 80's-90's and without a car, we walked to and from the shopping center. Despite what I would have previously considered to be inconveniences, I learned to live without these things and was very happy doing so. I traveled with my best friend and lived with her as my roommate, so we became closer just sitting around talking and exploring Cape Town every day. I learned to live a much simpler life and in the process also learned more about my passions, likes, and dislikes.

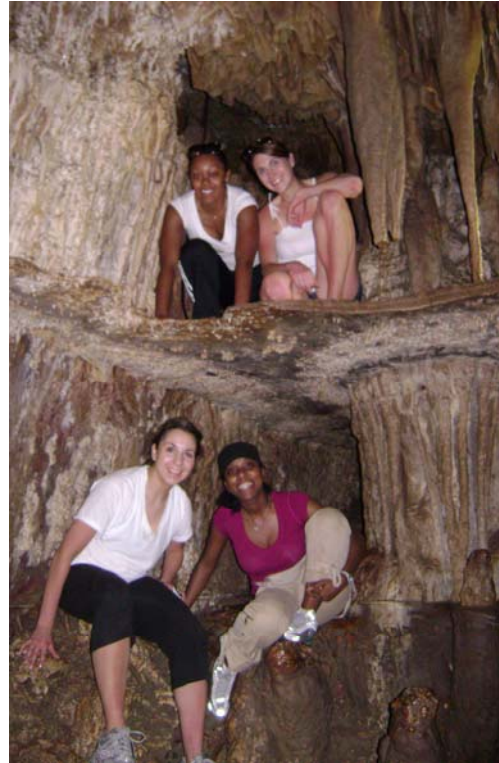


From the moment I landed in Cape Town, the program coordinators, Avril and Marion, made me feel welcome and comfortable while adjusting to life in Cape Town. They were always accessible and often stopped by our house to chat over a cup of tea. I guess I expected the program coordinators to be uptight and condescending similar to many attendings and other superiors in the past, and they were the complete opposite. I got to know them on a personal level during our weekend trip on the Garden Route and by the end of the program felt that I had really become good friends with them. They are truly the key to the success of the Cape Town program because they are well organized,

truly care about students' experiences, and make sure that you also have fun in addition to learning.



My leisure time in Cape Town can only be described in one word: amazing! I have had some fantastic experiences in my life, but my time in Cape Town stands out as the best time I have had in the last few years. The weather was warm and sunny the majority of the time, as February is late summer for them. We had very little rain and the nights were cool enough to be comfortable going out and sleeping. I explored the different neighborhoods of Cape Town as well as met so many people from different walks of life. I believe that I got a good understanding of the culture as well as South African history by interacting with many of the local people. During my time in Cape Town I had the opportunity to go to the top of Table Mountain, go zip lining through the canopy in Tsitsikama forest, ride an Ostrich, visit an Elephant farm, crawl through caves at Cango Caves, visit a game park for a Valentine's day Safari, visit a local casino, shop at open air markets and large commercial malls, travel to Simon's town beaches where penguins roam free, take a dip in both the Indian and Atlantic Oceans, travel through wine country, and drive on the left side of the road! The combination between my time at the hospital and my free time to explore the city made for the trip of a lifetime and I will always remember my adventures there as well as the friends I made along the way.



As an African American traveling to the continent of Africa for the first time, it was a very emotional experience for me. Many African Americans, including myself, have no knowledge of their ancestry other than the fact that they came from somewhere in Africa. I did not think much about this before this trip, but when I was in South Africa it made me aware of the fact that I do not know who my ancestors were beyond the slavery era. The mixture of races in South Africa is so diverse and yet I still felt that somehow I could relate to many of the South Africans because my race has also experienced a parallel struggle to apartheid. Learning about South African history was especially important to me because it made me realize that I do share a common bond with South Africans when it comes to fighting for civil rights. I also realized that just as in America, racial tension and hatred still exists many years later and the effects of discrimination are still visually prevalent in all aspects of life.

Since returning from Cape Town, I now view myself as an essential part of healthcare. I have seen first hand how a shortage of physicians can affect the health of a community and of a nation. The anticipated shortage of physicians in the US may not end up being as bad as it is in South Africa, but I now know the importance of my role and will strive to provide the best care possible to as many people as I can. Seeing the extreme conditions of poverty with my own eyes makes me want to serve the underserved as part of my future career. As harsh as it is, money can make the difference between good and bad health. Socioeconomic conditions essentially can sentence some to a life of infection and chronic disease whereas others may never experience such

things. I now know that I must reach out and help others less fortunate because they may have no other way of getting help as I have seen at the Jooste hospital. My experiences have improved my medical education by helping to deepen the compassion that I feel for others who are suffering and by seeing how having excellent physical diagnosis skills can mean the difference between life and death. I have learned that international health can be full of so many variables and that many factors contribute to the overall picture of health of a country. Before going to Cape Town, it would have been easy for me to think that because HIV/AIDS is so prevalent there, that if it could be prevented or treated with antivirals, then the problem would be solved. I have learned that the situation is so much more complex because HIV contributes to high rates of TB, widespread infections, shorter life spans, transmission from mother to infant, and increased rates of cancer such as cervical cancers. The fight against disease internationally is made that much harder with limited resources and access to good health care providers.