



## GHANA

On the 31<sup>st</sup> of August I arrived early in the morning at Accra. Here I took a taxi to Korle Bu Teaching Hospital. My exchange program started the 1<sup>st</sup> of September in the Korle Bu teaching hospital in Accra, Ghana. For four weeks the orthopaedics and traumatology department was the place where I spent my time. I slept in the students' hostels, the accommodation for medical students. These rooms, shared with one roommate, were clean and good. Although sometimes the water ran out so I couldn't take a shower, I really enjoyed staying there.

The internship was a totally new experience. I expected it to be different, and it was! Before I was leaving for Ghana, I wanted to experience a hospital in an African country, how things were organized when supplies are low and demands are high, and where people are so poor it is hard for them to get some healthcare. Well, I experienced it in Ghana!

For good health care in Ghana you need a good job, otherwise the necessary care will not be given. Of course, the emergency care is given to everyone, but when a patient is stabilized, the family needs to pay for further treatment. This seems such a contrast with the Netherlands, where everybody is able to get the care he or she needs due to the good insurance policies. It is shocking to see that a doctor paid a patient's antibiotics because the patient has no family, that blood is only given when the family bought and brought it and that a patient is in the entrance hall of the accident centre for some days after surgery before being submitted to the ward. But well, it is all part of the experience I was seeking for, and it made me realize how happy we should be with the Dutch system.

Also part of the same experience was when I entered the accident centre, with all around me beds and brancards with people awaiting their treatment, which I had to pass every day to get to the lectures, to the theatres, to the wards, and to the Out Patient Department (OPD).



Every day started with a morning lecture at 7:30 given by one of the senior residents about an orthopaedic subject. Then, at 9:00, the group of students was split up in four, since there were four 'teams' active. Two teams had theatre, one team had ward rounds and one team had OPD. Since there was always a group of other students around, we got a lot of clinical lessons about the cases which were either on for surgery, or interesting in ward round/ OPD, depending which team you were on. Although I didn't really learn practical skills, the accidents, and thereby the injuries, were heavier than in most cases in the



Netherlands, it was a good and interesting experience. Especially because they use some devices which are not used in the Netherlands anymore, like the Steinmann's pin, because it is cheaper to use.

A big difference I have come across was the communication between doctor and patient. The doctor doesn't really communicate, he is talking to the patient about the treatment,



never asking how the patient is. He walks away when his phone is ringing. He tells his patient straight that her leg should be amputated or she would die in the ward, leaving her behind in her sorrows. Differences I will not forget and which made impact on me.

Luckily, besides the clinical program with all its good and heavy experiences, there was also a broad social program organised

by the Local Exchange Officer. In the weekends, we went on weekend trips in Ghana to see some of the well-known tourist places. All of these were great, especially because we had a large group of international students joining them. Besides the weekend trips there was also a social program during the week. We went out for pizza's, a Ghanaian movie (which are absolutely horrible, but funny at the same time) and of course to dance and have fun. We went to reggae night, where a live band was playing while everyone was dancing, drinking and having fun!

All of the above named events were organized by the Local Exchange Officer (also my contact person), Kwekuma, and his committee (of which only Seth helped out a great deal). Despite the fact that he was a bit unorganized (he thought I would arrive a day later, which left me with the only option at the airport, taking a taxi on my own to the Korle Bu campus) he did a great job. Everything





turned out to be of good organization at the end, although you had to ask him three times for your certificate and food coupons before he gave them to you. And I can say, I have some friends in Ghana now!

So, will I be a different doctor after my experiences in Ghana? I don't know. Of course, it is an experience I will never forget, but if it will change my professional point of view, I can't tell. What I can tell is that I am glad that I have got the opportunity to go to Ghana, go to Africa, make new friends and carry with me a life time experience.

