

my trip to... South Africa

David Rassam describes an elective in South Africa

The best thing about medical school is the elective, a long-anticipated opportunity to explore what it's like to be a doctor elsewhere in the world. Having just completed finals and full of medical knowledge, I felt emboldened and ready to serve in sub-Saharan Africa... how wrong I was!

I travelled to Bethesda Hospital in the remote, mountainous village of Ubombo in KwaZulu-Natal. Founded by missionaries in the 1980s but now run by the provincial government, it provides healthcare to the local Zulu population. Situated in one of the poorest regions in South Africa, the effects of poverty on the wider determinants of health that we take for granted here in the UK were evident. Many patients present late for reasons such as poor health literacy and physical or financial accessibility. I clerked patients in the hospital's walk-in clinic where you would encounter just about every condition medical school fails to teach you – all whilst trying to navigate speaking Zulu! Tuberculosis, HIV and other communicable diseases are rife, and you quickly learn to anticipate the influx of booze-fuelled assaults on payday! Traditional medicine is also commonplace amongst Zulu people. Patients often present after *muti* (herbal remedies) given by *inyanga* (traditional healers) have proven unsuccessful, or indeed as a result of them, with severe renal or liver failure. Setting aside the array of medical and cultural differences, there was ample opportunity to practice skills that went beyond the scope of medical school, which proved invaluable. I learnt skills varying from lumbar puncture to relocating dislocated limbs to assisting in caesarean sections.

Whilst I witnessed first-hand the dire effects of poverty in the form of debilitating disease, it was not that what struck me most. I was most disturbed by the spiritual climate in the region. Remnants of Christian influence could be seen; however, they were often deeply ingrained with ancestral rituals



and beliefs that were new to me. Attempts I made to talk about faith were met with indifference. The concept of evangelism seemed strange to the Zulu people I met; their identity being tied up in their tradition, which in turn, was their religion. The gospel discussions and Bible studies I had anticipated didn't come to fruition and I felt deflated.

Overall, I took far more away from Bethesda Hospital than I was able to offer. The experience was a steep learning curve in many ways that could not have been substituted by any number of books or courses. It's innate to our Western mindsets to expect and seek instant results, but our God is not goal-driven. Results are important, but do not define us in God's kingdom. Our stewardship must not be self-serving but instead be humble and patient, lest it be in vain. He delights in our day-to-day obedience and produces fruit from our hands for his glory and because of our faithfulness. Let's resist the temptation to obsess with targets and expectations to make us feel purposeful, and instead focus on allowing God – and not ourselves – to make us useful for his kingdom. Prepare to be unprepared, but go! ■