

Working in Ghana, Akwita Eastern Region

In summer 2004 my wife and I decided to spend some time working in a developing country, which is when we stumbled upon the GRVD (Germany Rotary Voluntary Doctors) website. This organisation coordinates the deployment of doctors volunteering to work in developing countries, with the target regions being Ghana and Nepal. Our motives for taking on such an assignment abroad were multifaceted, including a desire for adventure, seeing and getting to know something new and doing something "medically meaningful".

Application And Registration

Planning should begin at least 3–4 months before the assignment, due to the preliminary organisational work involved. The GRVD sends out forms (for a work permit and visa), which are then completed and forwarded to the relevant agencies.

Working Hours And Environment

St. Dominic's Hospital is a specialist hospital in the Eastern region of Ghana. It was founded more than 40 years ago as a mission for sisters of the St. Dominicus Archdiocese of Speyer (Germany). It now houses more than 350 beds across the following departments: Surgery, Internal Medicine, Paediatrics, Gynaecology and Obstetrics, and Ophthalmology. There is an extreme lack of doctors in Ghana (one doctor per 16,700 inhabitants); the entire hospital employs just six native doctors (thereof two consultants, one surgeon and one paediatrician). Every year, more than 70,000 patients are treated on an outpatient basis and more than 12,000 patients are admitted to the hospital. The Gynaecology and Obstetrics department, which assists with more than 2,500 births (mostly risk births) and performs more than 700 major gynaecological procedures every year, does not have its own consultant; the position of Senior Consultant has been vacant for more than two years.

Our usual schedule was full-time from Monday to Friday; we also worked a nightshift about six times a month, although we only looked after Gynaecology and Obstetrics while on duty (unlike our African colleagues, who always take care of all specialist disciplines) – nevertheless, there was always plenty to do here, too, often right through the night.

Since only a small number of patients speak English there was always some-



one on hand from the hospital staff who was willing to interpret for us all day. All of the staff have a huge workload. Our main tasks in Gynaecology and Obstetrics were organised in a kind of weekly timetable: Monday – ward rounds and outpatient disproportion, premature detachment of the placenta, over-term pregnancies, the severest forms of preeclampsia and eclampsia, as well as malaria-associated complications (premature birth; IUFD), etc.



clinic, Tuesday – ultrasound, Wednesday and Thursday – surgery, Friday – outpatient clinic. We also helped out in the delivery room and assisted with all obstetrical and gynaecological emergencies on the side, and we educated the staff.

The clinical pictures are mainly the same as ours; it's just that the extent and stage of the disease are often advanced. The most frequent gynaecological surgeries carried out were hysterectomies as a result of uterus myomatosus permagnus and myomectomies in patients wanting to have children. The Caesarean rate was around 20%, although the most common obstetrical problems included craniopelvic Overall, this period of work in Ghana was a very enriching and unforgettable experience for us personally.

Payment

As it is a voluntary humanitarian service, GRVD only covers the costs of flights, board and lodging. A doctor in Ghana earns about US-\$150–300/month.

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