REFLECTING ON THE HIV CARE IN THE UK: EXPERIENCES GAINED AS PART OF THE BASS YOUNG PHYSICIAN EXCHANGE SCHOLARSHIP PLACEMENT

By

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Overview

Faced with an increasing burden of HIV, both developed and developing countries are scaling up strategies in the fight against the disease. New drugs are being developed and high-quality research is being conducted to aid better understanding on how to reduce the burden of HIV. I come from Malawi, a country in sub-Saharan Africa where the prevalence of HIV is now 11% with 50,000 new cases every year. The burden of HIV is significant and the mortality from associated opportunistic infections remains high despite a 90% coverage of antiretroviral treatment. The BASS Young Physician Exchange Scholarship offered me an opportunity to learn new ideas on how to fight HIV infection, management of opportunistic infections and to appreciate the research work being done in a developed setting to answer key HIV treatment questions. In the paragraphs below, I reflect on my experience in the UK as part of the exchange program.

Introduction

My exchange partner for this scholarship was Dr Megan Crofts, a genitourinary medicine trainee from Bristol Sexual Health Services. At the time of my exchange, she was working at Southmead Hospital in Bristol within the Infectious Diseases (ID) team and I was placed within that team for the first week. The second week was spent at the British HIV Association Conference in Brighton and the final week was spent at Gloucestershire Hospital within the sexual health unit, Hope House.

Southmead Hospital (13–17 April 2015)

Southmead Hospital is one of the largest hospitals in Bristol city (which has an HIV prevalence of <1%). HIV care at Southmead Hospital falls under the ID team within the department of medicine. The following are the activities that I took part in

ID ward rounds: Monday and Thursday

The ID team at Southmead Hospital has two specialty training registrars, one senior house officer, two foundation doctor trainees and a consultant. Just like in Malawi, HIV opportunistic infections formed a large part of the cases on the ward round. I was able to appreciate the quality of care that is given to the patients and the associated teamwork that was very strong and highly emphasized. The ID team, in addition to the above-mentioned members, had a supporting pharmacist and supporting nurse. There was much on-going discussion and consultation with other teams as well in regards to patient care, such as dieticians, occupational therapists and social workers. In Malawi, such a standard of care may not be easy to incorporate due to lack of personnel in nutrition, occupational therapy and in the pharmacy, but there is still room for improvement. The model of holistic care at Southmead Hospital is

one that can gradually be adopted in Malawi while baring in mind the resource constraints that may present.

2. Weekly ID meetings: Monday afternoon

At this meeting we discussed a case of a 60-year-old man, with a new HIV diagnosis, not on antiretroviral therapy and presenting with confusion. He later went into a coma, but all investigations done did not point to any other organic cause other than possible HIV infection (possible encephalitis was not evident on imaging). The dilemma was big as the family was not very keen to have more investigations done on him, and they were opting for end of life care. Similar dilemmas are faced in Malawi, however, with a different perspective from the patients' family on how they think care should be given. The culture of holding such meetings to share experiences and to get input from other physicians results in optimized care.

3. Pregnancy meeting: Tuesday morning

Prevention of mother to child transmission (PMTCT) is crucial to the control of HIV transmission. The pregnancy meeting at Southmead Hospital brings together obstetricians, paediatricians and the HIV team. This was a good forum to learn about the PMTCT initiatives in the UK, and how such teamwork and the early start of antiretroviral therapy including monitoring or switching of treatment at the time of pregnancy (something not done in Malawi) can be vital for particular situations in order to achieve zero transmission from the mother to the child.

4. Pharmacy placement: Wednesday morning

One of my main interests in HIV medicine is drug–drug interactions. HIV patients while on antiretroviral therapy can be prescribed other medications that can result in reduction or increase of antiretroviral drugs within the body. I had an opportunity to be with the pharmacist on the HIV team and learn about their role within the team, which mostly involves helping to review and advise on drug–drug interactions. In Malawi, HIV specialist nurses disperse antiretroviral therapy and for patients who are stable – not requiring a clinician's review – detailed drug history in addition to the antiretroviral drugs is not elicited. Lack of monitoring (where needed) and looking out for drug–drug interactions is a big problem in Malawi

5. TB clinic: Wednesday afternoon

The TB clinic was another opportunity to appreciate the HIV/TB co-infection care at Southmead Hospital whose core aim is to monitor any side effects or possible drug interactions. Usually such patients will have the dose of their anti-tuberculosis drugs adjusted in view of the drug interactions. In Malawi, we have recently started running such clinics and the experience in dose adjustment of antiretroviral drugs that I have gained from here will help me to contribute to that clinic better

6. HIV clinics: Tuesday afternoon, Thursday afternoon, Friday,

The quality of HIV care in the clinic was impressive. There are good pharmacovigilance programs set in place with careful monitoring of treatment outcomes, in terms of viral load. I was able to learn and brainstorm with the clinicians on how a simple basic HIV drugs pharmacovigilance program can be set up within a setting that is busy and also in settings where there are few patients and relatively much time for consultation and eliciting a good drug history. I intend to pilot the ideas learnt from this when I go back to Malawi.

7. Radiology meeting: lunchtime Friday

At this meeting, interesting ID patients and their radiological findings discussed. This was a great learning opportunity as radiology and ID consultants took time to teach in light of the radiological findings

British HIV Association Conference week in Brighton (20–24 April, 2015)

The HIV Trainees Club Annual Meeting: 21 April 2015.

Before the BHIVA conference, I attended an HIV Trainees Club Annual Scientific Meeting together with the other scholars where several topics were presented among which were HIV and co-infection with hepatitis B and C, pre-exposure prophylaxis and HIV commissioning. This was a very informative meeting as it gave a very precise update on various research that is being done in HIV/hepatitis C co-infection and it was a good discussion forum for pre-exposure prophylaxis in light of the recent evidence.

The BHIVA Annual Conference: 22–24 April, 2015

I attended two seminars that were very interesting: HIV and cardiovascular disease and difficult pharmacology cases seminars. The cases presented at these seminars were educative and triggered interesting discussion. The poster sessions also had impressive research work. The update in knowledge gained from this conference has an overall contribution to my professional development. The conference also offered an opportunity to network and share experiences with other junior and senior researchers and physicians.

Placement at Gloucestershire Hospital (27 April–1 May 2015)

Gloucestershire Hospital is to the north of Bristol, approximately 45 minutes away from Bristol by train. It has a sexual health unit called Hope House that looks after 300 HIV positive clients. The team has three HIV consultants, three nurses, two pharmacists, two social workers and an administrator. I participated in several activities at the unit as outlined below.

1. HIV clinics: Monday morning, Tuesday afternoon, Wednesday morning, Thursday

This was a great learning experience; some of the patients that we saw in the clinic had co-infection of Hepatitis C and HIV. I learnt about the various treatment options for hepatitis available on the ground in UK. This experience substantiated the talks we had at the HIV Trainees Annual Scientific Meeting. In Malawi, cases of hepatitis B and C are thought to be under-diagnosed. As there is a lack of treatment options for viral hepatitis, those with confirmed hepatitis are supportively cared for under the palliative care team while continuing ART care. My experience at Gloucestershire Hospital has encouraged me to take the first step towards optimizing care for those with co-infections in Malawi. Together with the palliative care team and the HIV team at my hospital, we will conduct an audit to understand the burden of the disease and assess the treatment that is offered to those with viral hepatitis and HIV co-infections, we hope that results from this audit will help us to advocate for more proactive screening programs leading to early identification of the problem before end stage disease. Subsequently, we aim to advocate for viral hepatitis treatment.

2. Social work: Monday afternoon

I had the opportunity to accompany a social worker on one of her visits to a 70-year-old client that the sexual health unit at Gloucestershire looks after. At the unit, social workers look at the day to day quality of life for HIV clients. She shared her experience from the time she was diagnosed with HIV. What was clear from her story is the high level of stigma that she faces even from among her family members. Unlike in the UK where hospitals may have a social

worker within the HIV team, clients who are HIV positive in Malawi are given social and moral support through community-based organizations. The role of social workers within the HIV team is still being considered at our HIV unit in Malawi; my experience of the social work at Gloucestershire will in part help me make a substantial contribution towards this discussion.

3. Lab placement

My last day of this exchange scholarship was spent in the laboratory at Gloucestershire Hospital; I had a chance to see the laboratory work that is done in supporting HIV care. I was shown how ELISA is done, how viral load is measured and the various antibody tests for diagnosing opportunistic infections that we do not have in Malawi.

Putting the experience together

1. Beyond the HIV drug pill

One of the main things I have learnt from this exchange program is that HIV positive individuals have so much going on in their life and that focusing on just how well they are doing on antiretroviral drugs is not enough. A holistic approach to patient care both for in-patients and clinic out-patients should be the standard of HIV care. In settings where the team has a large number of clients to look after in a day, such an important ideal can easily be forgotten. The good pharmacovigilance program (including audits of adverse events) is another great lesson that I have learnt from this program; actively monitoring of side effects or any associated events that may be related to intake of the HIV drugs and using such audits in clinical meetings for continuous professional development.

2. What am I prescribing/dispensing?

In the UK, clinicians are very careful about what they prescribe as concomitant medications for patients on antiretroviral therapy. What impressed me most is the culture to always make the effort to crosscheck. This culture is lacking among most practising junior doctors and pharmacists in Malawi. I aim to promote this culture among fellow junior doctors working within the HIV team at the unit

3. Does the doctor know it all?

The answer to this question is certainly NO, nobody knows it all, and as doctors we cannot remember everything that we learnt in medical school. The model of teamwork that has been adopted by some HIV units in the UK, like at Southmead and Gloucestershire Hospitals, is very plausible as it will ensure quality of care for clients. Particularly, the role of a pharmacist within an HIV team as stated above is vital. The College of Medicine in Malawi is now training more than 30 pharmacists per year, advocating for such a role within HIV – first with large units – would be the next step.

Overall the exchange scholarship exposed me to a great wealth of knowledge and experiences, which I aim to apply in my practice and to share it with the team that I work with in Malawi.