

Medicine, Surgery, and Life on Likoma Island, Malawi

There is a very real difference between reading online that a country is one of the ‘top 10 poorest in the world’¹ and seeing one of these countries first-hand. This revelation presented itself within my first couple of hours in Malawi. My airport transfer to the capital, Lilongwe, proved entertaining as I, a perplexed foreigner, asked the driver about our surroundings, baffling him by my naivety. After clarifying that the boys selling dead mice at the side of the road were doing so for people to buy as food, and that the omnipresent smoke was a result of locals’ burning rubbish owing to non-existent waste disposal infrastructure, I checked into my hotel. Despite feeling the culture shock already, the most extreme eye-openers were still to come as I travelled further North over the coming days.

My four-week elective took place at St. Peter’s Hospital on Likoma Island, a small but densely populated enclave on Lake Malawi, just off the Mozambican shores. I organised it intent on experiencing healthcare provision in a limited resource setting (in relation to both Malawi as a poorer country and to the remote location of Likoma). I also hoped to immerse in a rich culture which was entirely different from my own. Both objectives were met as my learning and fond memories of Malawi came from time spent in and out of hospital.

Getting to Likoma from Lilongwe required three days of public transport. I travelled to Mzuzu in the North by bus on which I was acquainted with Malawi’s rich hospitality. As the only white person on the bus, various passengers offered me translations of the prayers and announcements that were made in the native Chichewa. From Mzuzu, a taxi took me to the shore of Lake Malawi where I boarded the MV Ilala.

The Ilala was built in Glasgow, my hometown, almost 80 years ago and has since made a weekly traverse of Lake Malawi as a vital cog in the country’s economy. Cargo and passengers are one and the same as locals sit crammed together, often for days, with sacks of dried fish, cages of chickens, and huge bunches of bananas. ‘First-class’ codes for any space one can find on the open top-deck, ‘second-class’ any space in the ship’s depths. I had the luxury of a cabin. Cabin-class passengers are privy to the occasional rat sighting and plenty of cockroaches.



Scott Wylie – Rhino Elective Report

The camaraderie was apparent as I sat on the dock with hundreds of Malawians waiting to get themselves and their goods on the ferry, everyone well-versed in the fact that it typically runs hours behind schedule. As the sun set and the dock plunged into darkness, there was a sense of bedding down and just getting on with it. This included the elderly women who lay on the floor in the cold and the babies who screamed into the darkness. Yet somewhere in the dark, there was always the sound of laughter or women singing. These hours on the dock stuck with me – to be so stoical in the face of such vulnerability and powerlessness was testament to Malawians' resilience, learned through generations of hardship.



First-class passengers from night into day



Boarding the Ilala in the dark before disembarking 11 hours later

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On Likoma, my elective began with two days of first aid teaching at three primary schools. I organised my elective with Medic to Medic, a charity which supports impoverished Malawian healthcare students. With their support, and some extra fundraising, I also carried out a project, making fifty maternity kits for new mothers on the island. These included nappies, cardigans, blankets, re-useable sanitary and maternity pads, soaps, knitted toys, and more. The components were shipped from the mainland in the months before my elective and I spent my afternoons putting the kits together and eventually distributing them.



First-aid teaching at local primary schools



Maternity kit project - organising and distributing

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This was an incredibly rewarding project and, having seen how little the locals had, it felt very worthwhile to give something back to the local community. Many Malawian women still give birth at home and I hope to audit this project to assess if it encouraged women to attend hospital for delivery, with a view to potentially continuing it in the future.

My elective otherwise consisted of time spent on wards and outpatient department. Presentations varied from strokes and diabetes to trauma from buffalo attacks and sickle cell crises. The maternity unit was busy and I got lots of practise at gynaecological histories and examinations. In rural Malawi, most patients speak only Chichewa thus a translator assisted – without one, however, performing and interpreting skills like neurological exams was highly entertaining for both the patients and myself!

The hospital is staffed by clinical officers who have rudimentary medical knowledge and, given Likoma's remoteness, resources are very limited. Traditional learning opportunities were thus scarce. I did, however, find invaluable learning, from understanding when to offer advice and when to step back from situations, to taking histories with a translator. Ultimately, my principal learning came from witnessing negative outcomes due to poor expertise and resources – seeing these made me realise just how much of a difference a good doctor utilising good resources can make. I found this very motivating and it is a sentiment I will return to throughout my career.



Labour and delivery room (left), outpatient consulting room (right). Not pictured: the sparrows which nested in the rafters of each room

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I spent a week on the mainland after my month on Likoma. In Southern Malawi, I stayed with a family in a typical village. They showed me destruction caused by recent cyclone Freddie which destroyed homes and the local school, killing many of their neighbours. This was affecting and evidenced environmental injustice, the concept that climate change affects poorer countries of the global South to an extent hugely disproportionate to the amount they contribute to it. These countries "experience environmental threat not as a planetary abstraction but as a set of inhabited risks"².



Time spent travelling on the mainland. Cooking dinner with a Malawian family and hiking the Moulanje Massif



Left: A different sunset over the lake every night. The pictures never did it justice. Right: Elephant in Liwonde National Park

Scott Wylie – Rhino Elective Report

A good elective shapes the way you think about Medicine. My time in Malawi, however, revealed that inequality affects not just healthcare but almost every facet of life. Thus, while my perceptions of healthcare have been irrevocably changed, my outlook on life may have been even more so.

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References

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