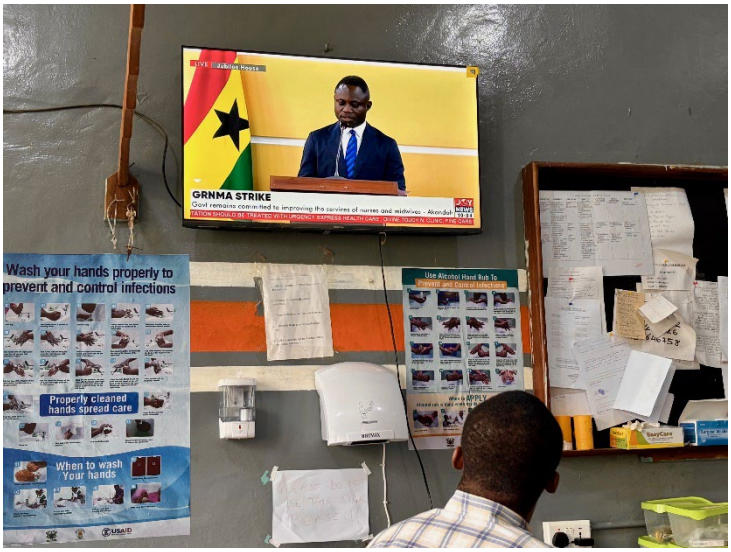
Ɛhe na ɛyɛ yaw?

(*where does it hurt?*)

Two potentially problematic situations for the Ghanaian healthcare system conspired to occur on the same day, the 9th of June 2025, when I bowled into the Nana Hinma Dekyi hospital in Dixcove to begin the first shift of my medical elective just as the complete withdrawal of all nursing and midwifery services began across the country, including emergency care. This entirely separate, not-at-all linked event was the culmination of a brewing sense of frustration by nurses and midwives that their 2024 Collective Agreement with the government had not been honoured or implemented. The GRNMA union asserted:

Carved out of the thick jungle of the Western Ahanta Region, Dixcove Hospital

"Nurses and midwives take no pleasure in withdrawing care but cannot continue working under a system that neglects their welfare."



Not a single room lacks a USAID poster. Who knows how long they will last

One could be forgiven for drawing parallels. The comparisons are easy to make with many of the exact same things our colleagues continue to seek improvements in, such as uniform, book and research allowances, or support for continuous professional development. Although as I would come to learn in intimate detail over the next four weeks, the landscape of the system in Ghana for both patients and healthcare workers is worlds away from the UK in so many respects, at the same time, much is universal. I sat watching the news unfold in the maternity ward with my supervisor, one of the few parts of the hospital that still seemed to have a pulse, with births and babies classically caring little for political timing.

Trying to ignore the seed of fear germinating in the back of my mind as I realised the practicalities of this – 3 doctors and myself (likely negative help) to cover a hospital of 80 beds – I couldn't help but think this was a fascinating time to have come to the country. Dr Soa did not share my childish wonderment, I got the sense that the pile of paperwork he was working through was probably much bigger than usual, but he absolutely shared the sentiments of the spokesman on screen demanding the government step back from its proposal to push reform on working conditions to 2026. Around us there were still some nurses, a skeleton crew keeping parts of the place operating but at dramatically reduced capacity. Red arm and headbands spoke of their protest, and I wondered how difficult it must feel to make decisions about whether to come in to work, or the philosophical ramifications of striking when patients are involved.

Much of the discussion on TV was in English, speakers in suits on a lawn outside an official looking building holding a raucous press conference, but in the room was the cadence of other regional tongues, mixing with the occasional soft groans from the labour suite. Ghanaians are wonderfully expressive people, in particular Twi speakers seem to me to encourage one another in dialogue, nodding and waving affirmatively when talking passionately, and I could hear the occasional "mmmhmm" from the figures moving about the room as they concurred with the speakers, coming and going and monitoring the women who lay in cots along each wall, soothing them and cooing to tiny babies wrapped up in beautifully coloured fabrics.

The surgical theatres, where I watched Dr Soa being an artist, truly

Serendipitously, by Friday the 13th strikes would be suspended, but not before the deputy finance minister claimed meeting demands would add over 2 billion cedis (around £123m) to the country's wage bill and accused healthcare workers of putting patients at risk with a politically motivated strike. It feels perhaps understandable that a self-conscious government might experience existential fear from two of the oldest, most trusted professions, but I think that old med school adage – **always** be nice to the nurses – is generally pretty watertight advice, and I got the impression from patients and staff that there wasn't a shred of public or professional resentment for the strike. On the contrary, I got the sense that people had very much seen this coming since the collective agreement was first made, and that it had itself been necessary.

And so the very next day, the 14th June, the hospital transformed from a forlorn and haunted shell into something much more organic, the wheezing, coughing, spluttering, most-definitely-alive thing that I am familiar with. What had been a ghost town was now full of people, bustling with people selling food, the drone of motorcycle engines, and the hubbub of patients and staff moving from place to place, from shade to shade and out of the blazing sun.

I spent 3 more weeks dividing my time between the hospital in Dixcove and the community clinic in Busua. In hospital I would accompany Dr Soa on rounds, consult with patients, and eagerly scrub up every time he would excitedly announce a caesarean section. Ghanaian doctors in rural locations tend to have to become generalists to cover a broad range of presentations in some very resource-poor environments, however it really didn't take a brain surgeon to see that the scalpel and the stitch were Dr Soa's true calling, and where I would see him work with a deftness and artistry that will never leave me. I want to say that it cannot fail to be a

Busua's community clinic is nurse-led, by Nana and Alfred, two wonderful humans

I still choke up when I think about it. I'm very, very proud.

magical moment when a child is born, but actually I think it can – things sometimes go wrong, it is scary. Margins are fine and issues are complicated, there are two patients to think about. But watching Dr Soa I realised that that was what I wanted to become, someone who radiated competence and took worry away from patients. I delivered my first baby on the floor of the clinic in Busua, a gorgeous, healthy little girl. No shadow of a doubt, until the day I die, I will never forget how time and my own heart stopped until she took her first breath.

And I have *never* been so completely filled with joy to hear a baby scream.

I saw pathologies that I had only ever known from the pages of textbooks, terrifying tropical illnesses like filariasis, dengue, leprosy. More malaria than I thought possible. I learnt the word kwashiorkor, something that a UK doctor would likely never even need to know. I felt the deep injustice of children getting sick with preventable illnesses, people dying from ridiculous things like not having enough money to pay for treatment. It is nightmare fuel for the conscience, but perhaps that is partially the point. I knew I would become a bit of a voyeur, that is in the nature of the student medical elective. 1000 words of report is not nearly enough to point out the poignancy of the experience for me, to capture anything near the essence. Much of it I struggle to put into words anyway – how surreal to see an old box of ceftriaxone in a chicken coop, the horror of finding a hypodermic syringe washed up on the beach amongst the other plastic waste. If only I had more space to write, and a better way to articulate. I cannot express my gratitude at having been able to experience medicine there, if only for a brief time. Ghana is a magical country; you should absolutely go there and see for yourself.

A picture paints a thousand words. Medical waste is a huge issue, and much of Ghana's coastline is littered with plastic that I'm willing to bet did not originate in the country, let alone the continent

I lived in the neighbouring Burkina Faso for a year prior to medical school, working for a disability rights charity, and it was in West Africa that I made the decision to try to become a doctor. To come back to this part of the world on my elective was a beautiful full-circle moment, one that I am phenomenally grateful to have had the chance to do. I feel humbled by the generosity and hospitality of the Ghanaian people that I met, and sincerely hope my career takes me back to the gold coast as a doctor.