

## **It's Tuesday, so it must be Cape Town... and Bloemfontein...and Durban**

Being BDIAP goodwill ambassador to South Africa is not for the faint-hearted. Giving 7 different lectures plus 3 different slide seminars in 5 cities in 7 days not only requires extensive preparation but considerable stamina. The rewards, however, are great.

I arrived in Cape Town to cheering crowds at the airport – no, they were not pathology registrars, but people who had come to welcome some footballers from Manchester who were on the same flight. Luckily I had turned down the chance of booking business class, and saved the BDIAP money by travelling economy. Being stuck between Giggsy and Rooney for 12 hours is a City fan's worst nightmare.

Within an hour of touching down I was at the multiheaded microscope in Groote Schuur Hospital, University of Cape Town, going through the week's renal biopsies with 8 highly enthusiastic registrars. Almost half the biopsies showed HIV-associated renal disease, setting the scene for the week. With 10-20% of the population and over half of public hospital patients being HIV positive, infectious disease dominates South African pathology.

Histopathology in the South African National Health Laboratory Service (NHLS) is in crisis and needs all the support we can give. Manpower "crisis" in the UK is a walk in the park in comparison. The numbers are frightening; here are a couple. 1.3 consultant NHLS pathologists per million population (How would you like to be "the" pathologist for Birmingham?). These are also the pathologists who teach the medical students and train the registrars. Three consultants reporting 46,000 surgicals (plus nearly as many cytology specimens) in Durban, ie. 90 cases each per day when no-one is on leave. And we're not talking trays of normal gastric biopsies; >95% of specimens show pathology, often requiring further investigations.

Why the crisis? In recent years there has been an exodus from NHLS pathology, overseas and into private pathology laboratories in South Africa. For example, the University of Johannesburg lost half its pathologists in just a few weeks early in 2008. The endemic violence (18,000 murders/year) has been a major factor in the overseas migration, money the driving force for the move to private medicine. Only 53 of 173 histopathologists remain in the NHLS, providing a service for the 85% of the population who can't afford medical aid insurance.

Despite the lack of manpower, University departments have maintained an amazing level of service. Diagnostic quality is uniformly high, as is the effort put in to keeping up to date. Renal pathology is one area in which some departments are struggling (Johannesburg and Pretoria have lost their renal pathologists in recent months). For these my visit was well timed. Don't get a completely bleak view of South African pathology. In some centres, facilities are far better than anything I have seen in the UK; visiting the department in Durban was like walking in to pathology heaven, with space Oxford pathologists can only dream of, one molecular lab after another, 8 category 3 down-draught post-mortem tables... The pathology registrars were uniformly bright, highly motivated and well read. Their exposure to diagnostic material is excellent, as you might imagine given the workload. Undergraduate pathology teaching also appears to be a very high standard (yes, medical students in South Africa still get taught pathology). In Pretoria I visited a wonderful pathology museum (untouched by any retained organs commission) and a 180-seater lecture theatre in the post-mortem room, custom built for autopsy demonstrations.

Most memorable for me will be the wonderful hospitality I received everywhere. When not at the microscope or lecturing, I was continually supplied with great South African food and wine. It is likely to take many months of starvation diet to reduce my waistline to previous dimensions. So what is my advice for future BDIAP ambassadors to South Africa? Go for the Ostrich, served rare, with Meerlust Red (2002 was a good year).

Ian Roberts, July 2008