

# Goodbye, Botswana!

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**W**e recently left Botswana after 7 years (2009–2015) at the University of Botswana Medical School, which was opened in 2009. We have seen 80 students graduate in Medicine, and a few registrars become specialists in Pediatrics or Internal Medicine. We have worked with colleagues from different, not only African, countries and have taught over 250 medical students and a number of registrars in Internal Medicine.

Coming from Europe (we are both from Italy), it was not easy initially to understand the culture of the country and the expectations of the University and the Ministry of Health. Starting a medical school in an established University, in a country that had never had one, invariably led to some early difficulties and misunderstandings. Nonetheless, as a result of efforts on the part of all Faculty members, the initial problems were resolved and the medical school now runs smoothly.

Medical students in African Universities (and Botswana is no exception)

observe full-blown illnesses with virtually all the features that are described in books and the literature. While this testifies to the numerous health issues in Africa and the huge problems facing public health education, and is of great concern, it does provide the students with an extraordinary opportunity to learn and to understand the pathophysiology of almost all of the major communicable and non-communicable diseases. Indeed, the cases published in the last three years in *IMAJ* under the banner “Letters from Botswana” [1-4] give a clear idea of the myriad diseases encountered in the medical wards of hospitals in Botswana, and of their seriousness. For these reasons, rotations of medical students from Western universities in African hospitals are strongly recommended.

Clearly, the large volume of cases of advanced diseases calls for urgent improvement in hospital organizational structures and equipment and an increase in the number of appropriately remunerated and motivated specialist doctors, surgeons and nurses. Even more urgent, however, is the need for well-designed public health educational programs in Botswana as well as other African countries. These programs should be conducted using all the means available, and utilizing, in particular, community and faith-based organization meet-

ings with respected local leaders, radio programs, rural clinics and community nurses [5]. The time will come when the number of cases of full-blown diseases in African countries will be much reduced. This will be wholly welcomed by the society at large, although it will diminish the medical students’ learning opportunities.

Working at the University of Botswana and at Princess Marina Hospital, the main referral hospital of the country, has been an enriching and rewarding experience. We remain grateful and will always remember our colleagues, students and patients.

## Correspondence

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