

Memorable experiences in Tanzania



Jeroen Berkhout

The Sengerema Mission Hospital in Tanzania, my destination for three months last year. As part of my medical studies at the Academic Medical Centre (AMC) in Amsterdam, I went to Tanzania for a 'tropical internship'.

First impressions

I could not believe my eyes as we passed the crowded and very chaotic wards. Rows of patients on filthy mattresses only covered with a cloth looked at us with big questioning eyes, too shy (or weak) to ask for anything. The intern I was replacing spoke Swahili quite well and chatted with the patients casually. Incomprehensive and insecure, I stood next to her, smiling at the questioning eyes, occasionally managing to squeeze out a greeting in their language. I promised myself to learn Swahili as quick as possible.

Experiences on the wards

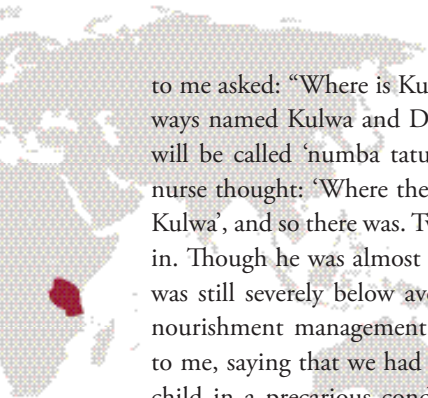
The first half of my internship I spent on the internal medicine ward. I really had my ups and downs during my internship. The last day on the ward was especially difficult and demanding. This day, not only were there the usual malaria, tuberculosis and HIV patients, but a collection of heavy complex medical cases and emergencies. It felt as if they all had been waiting for this day to come. While I ran from one infectious patient to the other, hastily prescribing antibiotics, I was taken aback by the extreme size of some livers I palpated. Unfortunately, I had no one to discuss the particulars with.

At some point, the staff nurse came to me and told me that 'the condition of one of the patients had changed'. That

often meant trouble, so I immediately went along with her. It was a new patient, just brought in, unconscious and gasping. According to the swiftly written note in the file, this was an HIV-positive patient with severe anaemia. A bag of blood was already dangling by his side and my guts told me this was not going to end well. Two minutes later the gasping had stopped, as had his pulse. Because of the conditions of this very sick man and his HIV positive status, I decided not to resuscitate him, took a minute to give my condolences to the family and ran off to the next patient. Fortunately, at the end of the day, Marie José, a truly dedicated Dutch nun and tropical doctor who has lived in Tanzania for thirty years, stopped by and I could talk to her about my experiences and discuss any complicated cases on the ward. Exhausted, I stumbled home, glad that this was my last day on the internal ward.

Children's Department

My first days on the paediatric ward began quietly because of heavy rainfall. This means that patients as well as doctors arrive late. My first patient was Dotto, a 14 month old girl. I looked into her status and saw that she had malaria and only weighed a meagre three kilograms. 'How can a mother walk around with such a poor thing for so long?', I wondered. As I examined her carefully, afraid that she would fall apart out of pure misery, the Dutch student nurse next



to me asked: “Where is Kulwa?” In Tanzania, twins are always named Kulwa and Dotto. If a third child follows it will be called ‘numba tatu’ (literally: number three). The nurse thought: ‘Where there is a Dotto, there should be a Kulwa’, and so there was. Two minutes later he was brought in. Though he was almost twice his sister’s size, his weight was still severely below average. As I looked up the malnourishment management protocol, another intern came to me, saying that we had to take a blood sugar of a third child in a precarious condition. Thirty seconds later, the twins’ mother fell to her knees and began to scream. One of the twins had died in front of our eyes. As I tried to comfort her, it all became too much for me, I had to walk outside, into the fresh air, to let my own tears flow.

Fortunately, it was not always this dramatic. Later that very day for example, I went to the intensive care to check up on a patient with severe pneumonia. The previous day he had been so short of breath that I wondered whether he would survive. When I saw his empty bed I feared the worst, but the nurse told me that he was playing outside without oxygen!

Frustrations

Even though I tried not to compare the situation in the hospital to my western standards, it was sometimes extremely difficult not to get very annoyed. These were my top five frustrations:

1. The behaviour of some nurses. The hospital has ‘student nurses’ and ‘staff nurses’. Especially the first group had a tendency to lumber around in their pink suits, chewing gum with a dull look in their eyes. On my first day, when we arrived on the children’s intensive care unit, we found a sleeping nurse. When the other intern sarcastically said ‘goodnight’ the nurse looked up briefly and then continued her nap. I was informed about the work mentality of some nurses. Sometimes you have to wait days for your requested investigations, simply because they do not feel like doing it.

2. Communication problems. As a common example, a patient who can not go to the operating room because he or she has been eating, even though it has been extensively documented and communicated to nurse and patient that they should stay sober.

3. The handwriting of some staff. Is it Chinese or English? Due to illegible handwriting, previously composed treatment plans could not be executed, ultrasounds could not be interpreted, and wrong medication was given. I thank heaven that, nowadays, more and more hospitals are equipped with computers.

4. Disappearing patients. Too often I heard that a critically ill patient went home against medical advice, for example because the family could no longer wait or because they could not afford treatment.

5. Waiting for laboratory results. Too often you get back only half of what you requested, sometimes because the reagent is out of stock, but more often without any apparent reason.

Evaluation

Overall I had a good experience in Tanzania. Even though I think this hospital needs further education for all its employees, in order to deliver motivated doctors, nurses and managers, I learned a lot from all my experiences as an intern. Besides my physical examination skills, I can now say I am a more independent medical student and future doctor.

About the author

Jeroen Berkhout currently works at the emergency department of the Sint Antonius hospital in Utrecht.