

HAWASSA CHRONICLES

EDITION 04 | 14, 15 and 16 APRIL 2010

TO WORK!

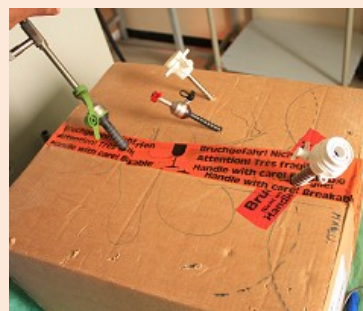
Wednesday 14th of April. While Detlef, Hennie, Pien and Jaap went to the operation rooms to investigate what materials were present to show case laparoscopy, I tagged along with Belay, a 26 year old Amhari resident who was responsible for the wards for two consecutive weeks. Within ninety minutes we roamed past all admitted patients. Stopping at every bed for a few minutes firstly to listen to the responsible intern's presentation of the patient in question followed by bed side teaching for the flock of students in our wake.

During these rounds it dawned on me that there were many a difference as well as similarities in the way we practise the art of healing... as was to be expected beforehand. For example, in Ethiopia the primary diagnosis of an acute abdomen is volvulus of the (oligo-) sigmoid (twisting of a part of one's intestine causing obstruction, ye arr!) whilst it is quite an uncommon diagnosis back home. Also, a patient has to buy his own medicine, fluids and whatnot before treatment would effectively take place. In absence of modern treatment modalities, I was introduced to alternative ways to treat, for example, *fractures* (with Perkin's traction; see pictures in the previous edition) in absence of sophisticated, and more over, very expensive plates and screws. Another difference is that people seek health care at a remarkably late stage of their disease and thus present themselves more often with severe pathology, e.g. most acute appendicitis cases are perforated with peritonitis contrary to slightly inflamed appendices in our countries. Also, one person was brought in six days after she broke her neck with quadriplegia as a result!

Although most treated patients received proper, be it a bit outdated, treatment, I was also confronted with treatment that was really not acceptable, like poorly applied casting of fractures that held no functional immobilisation. As well as a three day period of bowel preparation before abdominal surgery of the intestines which is unnecessary and implicitly costly in these relatively poor conditions. In other words, it was quite interesting to share professional opinions with Belay and fellow doctors. I'm even more convinced that, albeit with ups and downs, there is plenty of room to significantly improve health care here and around the world. How to effectuate such improvement, is a complex matter for which I don't have a simple answer... for now.

LAPAROSCOPY LESSON ONE: MASTER THE CARTON BOX!

Although triple guaranteed beforehand that an essential component of the laparoscopic set up, the insufflator, was present in the hospital, it was, by cosmic decree, not present. In fact, its present location at that time was unknown. However, this did not withhold Detlef to create a magic carton box representing the abdomen in homo sapiens. After two days of searching for missing booty, however, we did in fact find an insufflator in one of the storage rooms. It even included two canisters of CO₂. Unfortunately, our joy was short lived for they held no such gaseous content.



GIVETH US A ROOF OVER OUR HEADS!

By Jove! We must have seen every room for let in Hawassa. The first evening we stayed at the new Lewi Hotel with down pillows and smiling personnel. The two consecutive nights we spend the dark hours in some down trodden back yard hotel with broken sink, broken toilet and cold water – I must admit, it cost less than five euro's per night. During that time, we were on a rat race after the Norwegian Evangelist Lutheran Guest house, an idyllic lake side resort with small



houses for rent surrounded by green grass, a green pool inhabited by not so green monkeys and two Norwegian girls. However, we were not allowed to reside in this piece of heaven for, believe it or not, there was no night manager on site! Not to be fooled by foolishness, I called the National manager of the site who sang the same tune as the local representative. Strengthened in our belief that we would sooner or later rest our travel sore buttocks on the plush of missionary grass, we visited the site again the following day, friendly inquiring after the location of the Norwegian missionaries. Just a stone throw away they lived on a Evangelist school compound. In our everlasting innocence, we thought that we would in person definitely be able to charm these pious folk into surrendering one of their empty cabins to us desperate youngsters.

However... our wave of persistence was met by the awe inspired unbreakable faith of the prototype missionaries who were resilient to charm, threats, or even bribes! With heads lowered we related our story to our peers at the hospital, of which one gallantly offered to share his residence with us. After inspection, we kindly declined, for we would need to buy mattresses, wash our clothes elsewhere, walk through a dark and gravelly neighbourhood to reach that particular haven, and buy food far far away. In the end, we found all we required on a day to day basis at the Taddese Enjory Hotel and managed to negotiate our rent for the coming six weeks. Gosh, we were delirious once we unpacked our suitcases and could finally live without worrying whether or not we would have to move from one hole to the next.

QUOTE OF THE DAY! When presenting a patient at the morning report, interns are always asked to formulate 'The Plan' (treatment). They nearly always reply: **'The plan is to resuscitate and complete investigations'**.

THE STORAGE ROOM

Approximately two years ago, the third world organisation of our hospital, 'ZGT Overzee', send two fully stuffed 30 foot containers with medication and medical instruments. Many an object we encountered on the wards and operation theatre. Yet, many an object was nowhere to be seen. Where did all the stuff go? Lo and behold the storage room with row upon row of unopened boxes and whatnot send by us but also UNICEF and other hospitals from all over the world. A lesson learned well; sending mere material will not necessarily improve healthcare if not accompanied by (live) instructions. Even worse, many an object's existence was unknown to the locals. Another task for during our stay was formulated: complete inventarisation of the storage room for through knowledge comes improvement.

