

Medical Elective in Nzega for Dr Nick Tilbury

At the end of a gruelling medicine degree, I had the pleasure of spending my 6 week elective at Nzega District Hospital. I first found out about Nzega from Suzanne Horsfield and Dr Iain Chorlton, who told me all about the great work that FUM have been doing in the area over the years. Furthermore, without the assistance and practical advice they gave me there is no way I would have made it to Nzega so for that I am extremely grateful.

So, with a great deal of help from a number of people, both in the UK and Nzega I found myself on a plane heading to Dar Es Salaam. Once through customs, I bundled myself into a taxi and headed for the city centre and the hostel in which I was to spend my first night, before the marathon bus journey west to Nzega.

Suzanne had put me in touch with Edward, a lovely guy from Nzega who was studying in Dar at the time, and I had arranged to meet him that night. He showed me the sights of Dar and we chatted over a few bottles of Serengeti beer. With the knowledge of a 5am start the next day though, I didn't stay out late, and after a few hours of broken sleep I was up and in another taxi heading to the chaos of Dar Es Salaam bus station.



It was still pitch black when the taxi pulled up and I was confronted with a huge amount of people and rows and rows of coaches with no indication (in a language that I could read) of their destination. As soon as I got out of the car I was surrounded by a big group of men asking where I was heading. I had no choice but to put my destiny in their hands and no sooner had I mumbled "Nzega" my bag had been chucked into a wheelbarrow and wheeled off. Had I just been robbed of all my possessions?! I ran after my bag and eventually was bundled into a coach by someone, who then demanded payment. After confirming my bag was indeed underneath me in the luggage compartment, I was happy to pay up. I may well have been ripped off but if I had decided to try to find the bus on my own I think I would probably still be wandering around the bus station now, so all things considered, it was probably a good deal!

I had been pre-warned about the bus journey back in England and the descriptions were certainly not exaggerated. Twelve hours after that hectic bus station, I unfolded myself and disembarked in a dusty town that I was assured was indeed Nzega. I called Dr Mwombeki, Nzega District Medical Officer, with whom I had been exchanging emails back in England, and soon I was in a taxi with a friendly administrator from the hospital. We visited a few council buildings where I was introduced to some official

looking people who took photocopies of my passport and then headed to the hotel that was to be my home for 6 weeks. The hotel was actually really nice and after washing and eating, I fell straight asleep, looking forward to heading down to the hospital in the morning.

The next day I was picked up by an equally friendly driver in an ambulance and took to Nzega District Hospital. My first impressions of the place was that it was quite basic, and, as expected, very short on supplies and equipment. Everyone was exceptionally welcoming and interested to find out about why I was there, and almost immediately I started receiving impromptu Swahili lessons!



Nick with Dr Gwambaaye, the Chief Medical Officer at Nzega hospital

Dr Gwambaaye, the chief medical officer at the hospital, was to be my main point of contact throughout my time in Nzega and the second I met him I was greeted with a huge smile and a strong hand shake. He really did go out of his way to ensure I experienced everything that happened in the hospital and I think we will remain in contact for years to come.

Any hopes of a gentle start I may have had were dashed on the first night. Dr Gwambaaye was performing one of the many c-sections that happened every week, and as it was my first day, I decided to watch at the side, while the midwife waited for the baby. The baby was delivered but was blue and in desperate need of resuscitation. The midwife put the baby on the trolley and started

trying to use the suction catheter to clear some of the secretions from the baby's mouth. Unfortunately though, the machine was broken so instead she

attempted some rescue breaths with a bag and mask. This didn't work either though and a quick look at the mask showed the reason why – a large tear in the inflatable seal that allowed all the air to escape. The midwife bundled the baby into a blanket and rushed next door to the labour ward to see if there was some working equipment there. I followed close behind and by the time I had arrived it was clear that the suction here had broken too. The next minute or so was fairly surreal. As the baby lay there gasping for breath every few seconds, essentially suffocating to death in front of us, the midwife looked at me with a half-smile and shrugged her shoulders. She was all out of ideas. My knowledge of neonatal resuscitation was very limited, but what I could tell was that this baby was trying very hard to breath but the air just wasn't getting through. In a last ditch attempt I started doing mouth to mouth resuscitation. As the little baby's chest started rising with each breath, gradually its colour started to improve, and its heart rate started picking up again. What happened next was even more bizarre. As I was literally in the middle of mouth to mouth, the midwife said to me "I am going home now" and just left. So there I was, all on my own with this critically ill new-born baby. Luckily, only a few breaths were needed before things started improving, and about half an hour later, I picked up the baby and went back to the operating room to find Mum.

I still don't know how that baby fared. She went back to her village with her mum the next day and I never heard anything more about her. She went for quite a long time with no oxygen and I just hope there was no lasting damage. That first night immediately brought home to me just how different things are in places like Nzega. The equipment they had to work with was pretty much useless, and Dr Gwambaaye informed me later that the training for new midwives consists of half a day watching deliveries, before being left on their own. Quite



With the little baby who needed resuscitation on the first night

understandably, when things go wrong, nobody really knows what to do. I think one of the most striking things about the experience, was the expectations of the medical staff and patients. New born babies die in Nzega. A lot. When it happens it is sad but everyone accepts it as one of those things. As long as the mum has survived, then it hasn't been a disaster. I want to make it clear however, that lots of the people I worked with were just as compassionate and caring as anyone in an English hospital. But people can only work with what they have, and in Nzega, what they have is hardly anything. As a result, bad things happen every single day. If you worked there permanently and didn't become slightly immune to it, it would undoubtedly send you mad.

From that first day, I had inadvertently volunteered myself as the neonatal resuscitator and as a result, a large part of my time was spent in maternity. I did however get to experience other areas.

I spent a significant amount of time in the daily clinics for the many people in the area with HIV and AIDS. Every day the queues of people coming to get their anti-retroviral drugs to keep the disease at bay, would extend all the way round the building. The queue would be full of people of all ages, some looking perfectly well, some in the advanced stages of the disease, very close to death.

Malaria was another extremely common sight. It would often happen that family members would bring semi-conscious patients to clinics. Usually it would be those at the very bottom of the socio-economic scale, who couldn't afford mosquito nets or repellent. Lots died, some didn't.

It wasn't just acute illness that I saw. One of the patients who stuck in my memory the most, was a 12-year old girl from a nearby village. When she came into clinic, one half of her face was completely disfigured by a huge tumour. I was informed by Dr Gwambaaye that this little girl was suffering from Burkitt's lymphoma, a highly aggressive cancer associated with chronic malaria infection. He explained to me that the cancer was curable with chemotherapy, but this was only available in a hospital in Kilimanjaro hundreds of miles away. The family were extremely poor and didn't even have any cattle to sell. After a while the family got up, thanked us, and left. I asked where they were going and was informed that they were going home to wait for her to die. The grand total that was needed to get this little girl and her mum to Kilimanjaro and get her the chemotherapy was a little less than £300. Obviously I got the money.

I didn't feel good about it though. On the contrary, I felt disgusted that I, as a rich westerner could decide the fate of this poor little girl. Yet another indication of the appalling inequalities many people in Sub-Saharan Africa face.

My time in Nzega was by no means all harrowing. I visited the town of Mwanza on Lake Victoria, which was great fun, and also spent the day with Edward's family in a nearby village. The hospitality I received there was fantastic. They really looked after me, and it was a great insight into how people live in the area.

As I'm writing this, I am thinking of so many other things that happened during my time in Nzega. So many sad stories. So much injustice. Yet ultimately, the thing that I remember the most about the place is the amazing resilience of the people there. Everyone was friendly and upbeat. I saw no self pity whatsoever. People just got on with life. I found it truly inspiring. My experience has left me in no doubt that I want to return to Nzega and other places like it in the future. There is a lot of work to be done there, but organisations like FUM are making some real changes. When I am more experienced and have a bit more to offer, I hope to be part of that.

Nick Tilbury