

# Electives: Muheza, Tanzania

Tristan Kawalek reports on his elective...



Tristan Kawalek is a clinical medical student in Birmingham

The four weeks I spent at St Augustine's, the District Designated Hospital for Muheza district (or as the locals call it, Teule) were a long time in the planning, yet they flew by in what felt like an instant and will live long in my memory.

Muheza is a town in the north-east of Tanzania, somewhat unflatteringly described by *Lonely Planet* as, 'a scrappy junction town'. It was here that I lived for four weeks, spending the weekdays in the hospital and the weekends in the surrounding area. St Augustine's Hospital was originally set up by the Anglican Church of Tanzania, but is now run by government employees. This, however, did not detract from its Christian ethos, with morning worship and prayers being conducted at 7.45 am, which was a joyous way to start each day. Additionally, many members of staff were devout Christians, as I found out through discussion or when I attended the local church.



I sometimes struggled to come to terms with the great level of need and the desperate situations that I witnessed in patients' lives

For my first two weeks I engaged with, and worked alongside, the hospice department. These weeks, spent with the highly dedicated and hard-working staff that make up the Muheza Hospice Care, were challenging, inspiring, illuminating and humbling. I was blessed to work alongside a young male Christian nurse, whose insights and care helped me understand the challenges of poverty, lack of food security, and limited health education. This was invaluable, as I sometimes struggled to come to terms with the great level of need and the desperate situations that I witnessed in patients' lives.

The days with the palliative care team often began with a meeting, followed by a large breakfast

in the hospital 'canteen' (which was certainly different to those I am used to). We would then commence our home visits, which would entail bouncing, off-piste, over muddy, bumpy, and windy red-dirt roads before arriving at a patient's house. We would always be greeted very warmly by the patient and the family; so much so, that all the team normally numbering five or six would be given a chair, even if this meant that the patient had to sit on the floor. I found this display of hospitality to be a humbling challenge to accept, but I was never allowed to give up my seat. A discussion with the patient would then ensue (in Swahili – my proficiency in which did improve a little during my stay, but never enough to understand the discussion). The necessary medications would be provided and, in some cases, food, soap and other essentials.

During these home visits I saw a wide range of clinical cases. We drained seven litres of ascitic

fluid from the abdomen of a lady with hepatocellular carcinoma; I saw a young boy with HIV who had suffered from pathological fractures in both legs (aetiology uncertain, as yet) and many suffering the effects of HIV or anti-retroviral medications. As we travelled to and from the home visits I was struck by the disparity of housing in this area of Tanzania, with some living in rather grand brick-built houses with tin roofs, and others in mud huts made up of a single room. Tragically, the lady who was suffering from hepatocellular carcinoma was living in a mud hut with a leaking roof. As we drained her fluid, it began to rain and to see it dripping through onto the bed of this lady was deeply saddening.

Alongside the home visits, I also sat in on a few clinics with patients in the palliative care department, where I was struck by the limits of medical care in Tanzania. Many patients presented with conditions which have relatively good prognoses in the UK, but here they were on the palliative care pathway, as they were deemed incurable in this setting.

when I asked before visiting, if I could bring anything from the UK, a head torch was top of the list

For the remaining two weeks of my stay, I spent my time in the main hospital, observing various specialties and clinics. I saw my first caesarean (we do not study Obstetrics and Gynaecology until late in the course in Birmingham), a wide variety of debridements, and a hernia repair, among other things, mostly undertaken by the same surgeon! I was amazed by the versatility and diversity of the skills of the few surgeons at this hospital. This enabled them to complete complex surgery in a difficult environment. The work of the hospital, and especially that of the surgeons, is regularly compromised and affected by the frequency of power cuts in Muheza. These outages would occur most days, sometimes multiple times a day and could last anything from a few seconds to many

hours. This can be a challenge to the surgeons when they operate at night. Hence, when I asked before visiting, if I could bring anything from the UK, a head torch was top of the list.

Of a number of clinics I attended, the most memorable was the albino clinic. Before coming to Tanzania, I had scarcely thought about the struggles that albino people face in daily life. However, since meeting individuals with this condition whilst on my elective, I shall never have the same perspective again. Not only do they suffer from issues arising from reduced melanin in a high-UV, almost equatorial country, but they also suffer high levels of abuse, community rejection and in some cases murder, as witch doctors have been known to request specific body parts of an albino person for their nefarious purposes. (This has mercifully been reduced in recent times, thanks to the excellent work of a number of great charities.) The clinic I attended was run by the charity Standing Voice and I was deeply encouraged to hear of the amazing work they are doing throughout Tanzania, in hospitals, schools, and communities.

Throughout this medical elective experience, I was pushed out of my comfort zone in many areas and forced to live very differently to how I have for the last 27 years of my life. However, in all the uncertainties and difficulties, I was amazed and grateful to see God going before me and revealing himself as all I need. I found Psalm 121 to be of great comfort and encouragement throughout my time in Tanzania. In times of uncertainty, doubt and difficulty, I reflected on the wonderful truth, that 'my help comes from the Lord, the maker of heaven and earth' (Psalm 121:2), therefore I need not fear as 'the Lord will keep you [me] from all harm'. (Psalm 121:7) ■