

reflections from Uganda

Rosie Housman reflects on the difference made by godly nurses giving palliative care to Sudanese refugees in Uganda

This summer, I had the opportunity to spend two weeks with an NGO called Peace Hospice Uganda. Founded by Vicky, a local nurse, and run by a small team in the remote Adjumani District, Peace Hospice provides palliative care to a local population of approximately 500,000 people, over half of whom are South Sudanese refugees. During the two weeks, my aim was to gain insight

into palliative care and to explore the lives and healthcare needs of refugees. As an emergency nurse in the UK, this experience was both inspiring and humbling.

A typical day started at the office at 9am ('African time'), with team prayer and a morning handover before setting off on community visits. Each day, I joined the visits with a nurse called Christine, and our

palliative care volunteer and motorbike driver, Victor. The three of us would squeeze onto the motorbike, and ride sometimes up to an hour to see patients either in the refugee settlements, in hospitals, healthcare centres or in patients' homes. The roads were truly awful – the phrase 'we're eating dust' was frequently used. We waded across rivers and rode through maize fields. It was challenging but always rewarding to see people's reaction when they saw us coming. After visiting a woman patient who had been diagnosed with breast cancer, she said 'I can now sleep tonight knowing that you know where I am and that you are supporting me.' For many, Peace Hospice is their only connection to health services and so the support is invaluable.

As in many developing countries, supplies, were often limited. Vital stocks such as oral morphine, laxatives, dressings and appropriate antibiotics were sporadic, but were provided free to patients if available. This meant it was often the luck of the draw whether a patient could get the medical treatment they needed. Surgery, chemotherapy or radiotherapy was not possible for most with the high cost of treatment and the cancer centre being a ten-hour bus ride away in Kampala. Because of this, much of palliative care was focused on patients' psychosocial and spiritual needs.

On reaching each of our patients, Christine would listen to them about how they were coping. Many felt forgotten by the national health system, were facing stigmatisation from the community, or were struggling with their faith. The majority of patients were Muslims or Christians. While some patients talked about the positive impact of their faith in giving them strength, others were struggling, so Christine would encourage the latter in their faith to remain prayerful, and to find support from their churches.

The palliative care nurses had a seemingly unlimited supply of compassion and care for their patients, despite the daily challenges and barriers they faced. Christine divided her time between working for Peace Hospice and the local hospital. After each night shift at the hospital she would still do a full day of community visits. When I asked her where she found the energy to do this, she said that her hospice volunteer work was her way to show Jesus' love to people and to worship him.

A patient I will always remember was Hassan. He had cancer that was eating away at his face. The consequent infection had been treated well by applying crushed antibiotics onto the wound. However, with his face so disfigured and raw that he always wore a

facemask, which Christine removed when we arrived. She spoke to him for half an hour, looking directly at his raw face. I could see how much it meant to Hassan that someone was looking directly at him, listening to him and treating him with such compassion.

Due to the state of healthcare in Uganda and many other places in the world, people with cancer, HIV and other chronic conditions are often marginalised and forgotten by the system. Vicky's motto is that she is 'the voice for the voiceless', and this was a reality for her and the rest of the team. They reminded me of how Jesus noticed the people on the outskirts that others forgot about. One such patient, a Sudanese refugee and former English teacher, had been on the medical ward at the local hospital for several days with severe liver ascites and widespread oedema. On ward rounds each day the doctors passed her by. She told me how Vicky came in one day and saw her, took her history and gave her pain relief and medication. She responded so well to diuretics, that by the time we visited her at home, she was well recovered and cleaning outside her house. As we sat outside under a tree, she told me how she thought she was going to die on the medical ward, but how she had been given new hope and had her faith reaffirmed.

Peace Hospice showed me in the most practical way that even in remote and difficult places, it is possible to give hope to the hopeless, to be compassionate and to restore dignity. Working within this team, it was evident in their daily interactions with patients that their work was part of their daily worship. They showed sacrificial love to others because God loved them first.¹

Rosie Housman is an A&E nurse in central London

1. 1John 4:19

According to the Uganda Cancer Institute, **5,000** CASES OF CANCER are diagnosed annually with only a **20%** five year survival rate

Uganda currently houses over **1.25** MILLION REFUGEES from surrounding nations, the majority in the **NORTH OF THE COUNTRY**

From World Health Organisation - Uganda