

Elective Grant Report



Visiting Tundavala

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Angola, a country of infuriating contradictions. A nation that is home to 25.5 million people with an average life expectancy of 38.8 years and an infant mortality rate of 17%. Angola was left in disarray after 40 years of civil warfare, which destroyed much of the national healthcare system. The threat posed by the bush wars caused many to flee their rural homes, seeking refuge in nearby cities. This resulted in gross overpopulation of metropolitan areas and plummeting health status as systems have saturated to breaking point.

In stark and disturbing contrast, Angola is incongruently also the wealthiest country in Africa. Under a corrupt government, there is a huge disparity of wealth; with an economy abundant in oil and diamonds, the wealth is held by few. Governed by a president who holds a strong allegiance to the military, Angola invests six times more of the national budget on security and defence than on health. A country crying for change but with a government stronghold so absolute, voices of dissent disappear into darkness.

My experience in Angola challenged my naivety; it was enlightening, sobering, inspiring and devastating, but most of all, it opened my eyes to a truly unique place in the world and a very special community working hard for change.

I had the absolute pleasure of joining the team of doctors at CEML General Surgical Hospital in Lubango for an incredibly diverse elective. The patients were startlingly generous with their warmth and the depth of their welcome; people who had absolutely nothing in material wealth, but were rich in kindness. We completed over 200 surgeries, countless consults and serviced rural towns with minimal access to medical care after having their services and facilities destroyed in the civil war. Working in an under resourced environment prompted myself and the doctors to be creative with surgical solutions, often proceeding for surgeries with minimal pre-operative imaging or bedside testing available for guidance.

During this medical elective I gained a newfound appreciation for context and culture, in particular its impact on driving patient-centred care. As I arrived up the dusty drive, the CEML Hospital illuminated in the afternoon sun, a sea of faces encased in traditional panos greeted me. Their shy smiles communicated a sense of warmth and reserved curiosity. I had just stepped into a culture and a language far outside the boundaries of my comfort zone, ready to embrace the challenges and rewards that would unfold over the following weeks. I quickly realised my belief that medicine is a universal language that can carry you across differences in language and geography, was misplaced. Although there is a seed of truth in the transferability of medicine, the incredible patients that crossed my path and the culturally engaged doctors who became my mentors, taught me that effective, engaged, patient-centred care is so much more complicated and rewarding.

Completing my elective at CEML was a life changing experience. Not only was there a wealth of medical experience to be gained, but more importantly I was able to appreciate the value of building a community, empowering patients, restoring integrity and the power of health education.

It forced me to question the subtleties of medicine and how to include others in their medical care when you cannot rely on language or culture to carry the message. I learnt that informed consent becomes ill defined when dealing with a culture that does not share the same perception of time as existing in the future, present and past, but instead one linear concept of the present. Most of all I realised the importance of considering the differing spiritual and cultural beliefs that exist across the world and the impact that they can have on patient care.





A local family who welcomed us to visit their home



Dr S Foster operating a gastroscope



CEML General Surgical Hospital in Lubango, Angola

One of the hallmark initiatives at CEML is the women's fistula repair program. A program that sometimes sees women travel for more than 250 kilometres to repair the damage inflicted by up to five days in labour. Not only do these women often deliver stillborn babies, but they are also left with fistulas that, without intervention, render them incontinent of urine for life. This incontinence has dire social repercussions, with many of the women experiencing abandonment by their husbands and social exile from their communities.

The psychological and social impact of restoring continence was profound. Health promotion initiatives have begun to emerge within CEML and it was incredibly rewarding to bear witness to the positive impact of appropriate and relevant education. The word of cure continues to spread throughout the community, along with the education of safe labour practices and therefore fistula prevention.

Despite being terribly under resourced and predominantly powered by donations, the Hospital has thrived on a spirit of generosity and optimism. The Medical Support Grant provided by MIGA has been instrumental to this journey, furthering the development of resources and ensuring improved patient care. The funds provided by the Grant have sponsored the purchase of paediatric pulse oximeter probes. These can now be utilised in paediatric surgical cases to ensure the appropriate delivery of oxygen to the infant whilst under anaesthetic. This decreases the chance of anaesthetic injury whilst ensuring the infant's vital organs are receiving adequate oxygen supply. These probes have already begun to improve surgical and postoperative outcomes, helping CEML to work towards health equality in Angola.

Practicing medicine in a country such as Angola can feel like you're constantly fighting the inevitable pull of gravity to roll a boulder up the mountain, only to have it roll all the way back down to the bottom. Waging war on a number of fronts that extend far outside the normal scope of healthcare, the battle extends into cultural, social and political domains. The doctors, an innovative and resilient breed, have adapted and persevered through this spirit crushing pressure. During my time at CEML we had teenagers present with metastatic end-stage cancers, babies with gastroschisis, an entirely treatable condition in the Western world but a 100% mortality at CEML, and numerous youths with trauma based cases due to local violence or motor vehicle injury. Practicing health in this foreign world can feel utterly futile at times. Fighting the unforgettable and unfortunate truth that "if they were the child of someone wealthy, someone who 'mattered', they would make it."

Through my time here I realised that it's not always just about trying to save the life, it's about communicating that their life has worth.

It is a message that is so vitally important to the family and the broader community, in a world where life can have the potential to be viewed with such little value. In a society where so many are undermined by their lack of wealth, rendering them with limited access to healthcare, education and opportunity, there is tremendous value in trying to help the severely ill, because in the very least we believe that it is a life worth saving.

It is a message that changes lives, every day.

Each year MIGA's Elective Grants Program offers 6 Grants of \$3,500 to medical students undertaking electives in developing communities. Each Grant includes \$2,000 to cover the student's personal elective costs and \$1,500 to provide medicine or other aid to the local community. To be inspired by other past recipients and find out more about applying, visit our website!

MIGA's free Protection Package for medical students provides automatic cover for your elective and Clinical placements. Insure with MIGA and undertake your elective with confidence – complete our simple online Application Form for immediate confirmation of your cover.

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