Trip to Malawi - An effort worthwhile

I recently travelled to Blantyre, one of the two main cities in Malawi, the other being its capital Lilongwe. What an eye opener! Malawi – a country I found full of two things; one its friendly people and second its extreme poverty that is beyond imagination. In Malawi, I saw the darkness that now makes me realize and relish the brightness of the lifestyle I have been living in a developed country like United Kingdom. A fairy tale for a Malawian child will be nothing more than a normal day-to-day life for a child in the developed western world!

As far as I know, there is only one medical college in Malawi, which is in Blantyre. There are not enough doctors trained in Blantyre who can reach out to the district hospitals. Moreover, a proportion of trained doctors emigrate to developed countries for better money. Hence, 'Clinical Officers' are trained to reach out in the periphery to deliver medical and surgical services in district general hospitals. These clinical officers are essentially those who are ranked just a little lower than those who succeeded to enter the medical degree course. Although clinical officers are not qualified doctors, I found them very intelligent and motivated. For all practical purposes, they are no less capable than qualified doctors.

Our aim as a group of surgeons involved in LAST (Links in Africa for Surgical Training) has been to provide teaching and training to these clinical officers. In this trip I was asked to teach a group of 15 clinical officers some basic surgical skills. And once they spread out in district hospitals in near future we can continue to provide hands-on training in operating theatres and if possible, e-mentoring from the UK, provided Internet can be installed in some district hospitals, which is one of the other hurdles to overcome.

I found out about this teaching opportunity in Malawi from my surgical colleagues Caris Grimes and Mr Paul Thomas who is a consultant surgeon at Epsom-St Helier who have been involved in delivering teaching in Malawi for more than 2 years. I was delighted to be joined by my good friend Mr Dhiren Nehra who is also a Consultant Surgeon at Epsom & St Helier Hospital. Nigel Day one of the senior surgical SHOs and Sara Naraghi FY2 were there for two weeks helping Caris collecting data.

We reached Blantyre after 15 hours journey. Chileka Airport in Blantyre is a very small airport, probably not more than the size of a large petrol station in the UK. Despite rules not warranting a Yellow Fever Certificate, I was asked for it as my flight came from Addis Ababa. I had to fill out a form though. So essentially Yellow Fever certificate is not required unless your halt in Ethiopia is more than 12 hours.

Ruth Markus, CEO of the AMECA charity was fortunately there who was a real asset in not only guiding us throughout with her wealth of local knowledge but

also sorting most of the arrangements for us including the airport runs. Ruth has strong links with LAST.

Queens hospital in Blantyre was our base. I was mainly involved in teaching Clinical Officers on a course exactly like Basic Surgical Skills Course. This hospital has actually got a very well equipped wet lab where we even got two goats on the second day for practicing intestinal anastomosis, venous cutdown, and intercostal drains.

We were supported by the local registrars in running the 5-day course where we went through teaching a range of skills. We sort of combined the key features of ATLS, CrISP and BSS to form "Essential Surgical Skills" course for the clinical officers. This included some anaesthetic teaching as well.

Figure 2 Teaching clinical skills

I found clinical officers very intelligent and having a good knowledge base, no less than a level of CT1 equivalent. Almost all of them had already performed some basic procedures like draining abscesses; and a few had performed laparotomies with even bowel anastomosis. Their basic surgical principles were strong and they were all keen learners.

Dhiren and I also visited Thyolo, one of the District Hospitals to help in few surgical cases like inguinal hernias.

Figure 4 Thyolo theatre

Figure 5 Mr Nehra teaching clinical skills

There is scarcity of resources, as one would expect. Sometimes even the gloves are out of supply so no operating can be done. When the UNICEF truck of supplies comes, they get back to business! Operating room is well illuminated by the daylight as the electricity can go off anytime and one may have to operate in torchlight. There was no diathermy available. Drapes are usually one single piece of cloth with a central hole; and obviously no mesh for hernias. Old fashioned darn with nylon is what one is expected to do. Other common surgeries performed at district hospitals are open transvesical prostatectomies and lower limb amputations. Chromic and plain catgut are commonly used suture material,

vicryl equivalent may some times be available. Only spinal anaesthesia was available. General anaesthesia is only available at the main Queens hospital in Blantyre.

Wards were overcrowded with some patients on mattresses on the floor.

There is obviously more funding available for malaria and HIV than for surgery. One of the projects LAST has been involved is to gather data to prove that investing in surgical specialties will probably be as cost effective as malaria programme.

But, amongst all the sad and grim state of affairs, I saw some hope. I saw children as little as four years old walking barefoot on a hot pebbly roadside for five to six kilometers to reach school. But at least there is education; there are primary and secondary schools. I saw ladies and young boys carrying heavy buckets of water on their heads for miles; but at least there are hand pumps. I saw some ancient looking unpaved roads and mud houses; but I also saw some decent highways and beautiful countryside with tea plantations and concrete buildings and electricity in big cities like Blantyre and Lilongwe. Malaria, HIV, Maternal Mortality are some of the major health issues; but I saw some well built albeit poorly functioning district hospitals, plus a reasonably well functioning referral hospital in Blantyre called Queen Elizabeth Central Hospital. Most importantly, I saw hard working people who have willingness, kindness and a smile on their face even when deprived of basic necessities of life.

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