

Medical Students' Aid Project

Annual Report

Issue 5 - 2003

Welcome

Welcome to the first edition of Updates for 2003. The sixth years are all back from their electives with exciting stories to tell. Over the next few months we will be handing over to a large and enthusiastic group of new MSAP members from fifth year and below. This edition of Updates features stories from students returning from Malawi and Ghana in Africa, as well as from northern India. It also features an article about our brand new website to be found at <http://www.msap.unsw.edu.au/>, take a look. The next edition will focus on our work in the Pacific region. Stay tuned for more information about our annual MSAP launch evening to be held in mid-July. We would also like to take this opportunity to thank the Faculty of Medicine, the UNSW Foundation, Global Medical Support, and the Waverley Council for their continuing support without which we would be unable to function as well as we do now.

Peter Fox in Ghana

African kids are amazing. Their courage, tenacity and determination are remarkable. During my four weeks in Ghana, I observed hundreds of children with infectious, nutritional and late-stage diseases quietly enduring life's hardships, with not the slightest complaint.

In January 2003, I spent four weeks on the paediatric surgery ward at Korle-bu Hospital, in Accra. Accra is the capital of Ghana, a beautiful, fertile country of 20 million people in West Africa. The 20-bed paediatric surgery department is the only one of its kind in the country, and it would often take months or even years for a sick kid to be brought to the hospital.



Peter Fox presenting the paediatric cystoscope to Dr Hesse and paediatric staff at Korle-bu Hospital, Ghana

During my stay, a one year old boy was brought to the ward by his terrified mother. The child had an enormously distended abdomen, covered with a series of scars, which were now infected. The boy had a 20cm kidney tumour, which had been growing for months, and had been previously treated by a traditional healer with knife-cuts to release the "evil spirits". The boy endured a massive operation and recovery without the slightest complaint. Many people in Ghana live in abject poverty and are unable to access even the most basic health care. A six-year-old girl was brought to the ward with an infected, ulcerated exomphalos major. This was a congenital sac formed through her abdominal wall that contained her liver, gall bladder and part of her small bowel. In Australia, this is operated on soon after birth. However, this girl's parents had been unable to afford the operation, and she spent six years with a protruding watermelon-sized sac. To see MSAP equipment being used to help children like this was brilliant.

The MSAP provided Ghana with a paediatric cystoscope for treating urinary problems, a pulse oximeter for measuring blood oxygen on the wards, and an entire pallet of essential medical equipment. After receiving the cystoscope, operations on congenital urethral valves, which were previously risky, open procedures, are now non-traumatic and far superior. The medical experience was wonderful, and providing assistance through the MSAP was personally rewarding. To see each and every MSAP donation make a positive change to the lives of so many Ghanaians was inspiring, and reaffirms that we can all make a difference.



Daily ward round at Korle-bu Hospital, Ghana

MSAP Launch a new Website

MSAP is now online at <http://www.msap.unsw.edu.au/>. Our new website includes information for donors, the latest wishlists, partner hospital profiles, past copies of updates and a photo gallery. The website will be regularly updated throughout the year. So to keep up with the latest action from the MSAP team, check us out online.

Kathryn Roberts in Malawi

I spent four weeks at Queens Hospital in Blantyre, Malawi in the paediatric department for my elective. The experience that I had there was unlike anything in my medical education thus far. Unsure of what to expect I was surprised by the physical size of the hospital but it was still too small to cater for the number of patients. In the paediatric department, the largest in Malawi, there are about 350 patients in the various wards.

It was incredibly rewarding to see the medications that MSAP had donated to Queens arrive and be used while I was there. Most of the medications were antibiotics commonly used in Australia. In Malawi these more advanced antibiotics are reserved for children with diseases that are resistant to other treatment or cases of meningitis. The doctors are limited in their practice with the drugs that are available and were most grateful to us for our donation. It was amazing to watch the improvement of a nine month old boy with a enterococcal meningitis improve from near death to health with the use of the ceftriaxone that MSAP donated.

I had heard a lot about HIV/AIDS in Malawi and it was indeed frighteningly common. In one clinic where testing had been done, 33% of children were infected. HIV accounts for 70% of hospital deaths and many more in the community. Although many children had other health problems they often also had HIV. This was a shock and it was very difficult to adjust to having so many children dying, not just of HIV, but also of other diseases.

Perhaps the ward most foreign to me, was also the one I found the most interesting - the malnutrition ward. Here children, mostly two to four years old, were treated for chronic malnutrition. In Australia, we have the opposite problem of over nutrition and it was very distressing to see the extent of the Southern African famine. The food crisis in Malawi has been caused by poor harvests of maize, higher than normal food prices and a limited number of casual job opportunities. The annual hunger gap is from January to March, the time before harvest in April, and the time that malnutrition is at its worst. The unit at Queens was already overfilled in January, with children and parents sleeping on the floor.

I particularly remember one little 2 1/2 year old girl, Tamandari. She had kwashiorkor, a severe protein deficiency and also HIV. Tamandari had been in hospital for 1 week when I arrived. Her mother who was 22 (my age) had AIDS and had been unwell for some time. She had two other siblings and her father had died, presumably of AIDS. The family was no longer able to maintain the small subsistence farm that they had. Tamandari was lucky though, she has one parent - in Malawi there are 400,000 children under 15 who have been orphaned by HIV/AIDS. Despite it being very hard to witness such devastation on families, it was fantastic to see children like her slowly improving over the weeks that I was there and get well enough to go home. The sad reality is that most of them would be readmitted because despite food supplements given to their families there still is not enough to eat. Those with HIV have a grim outlook, the relationship between HIV infection and malnourishment a vicious cycle. But there are some children that will remain well and survive to adulthood - an achievement in Malawi today.

After spending time at Queens I have an enhanced enthusiasm about the work that MSAP is

doing. Despite the immense need for medications and supplies I believe that MSAP is really helping the children in Malawi. It was very rewarding to be part of such a project.



Kathryn Roberts presenting medications to staff at Queens Hospital, Malawi.



The medications in the hospital before the MSAP medications arrived.

John Vedelago in India

In late 2002, the Medical Student Aid Project delivered an aid consignment to the Lady Willingdon Hospital, a 40-bed hospital in far north India. These donations were very much appreciated by all the Hospital. MSAP's donations afforded patients access to medications that had previously not been available. MSAP also contributed to the purchase of a water treatment system for the Hospital, enabling safe drinking water for patients and staff.

Reflecting on the MSAP experience, I can say that it was something you simply don't get as a student in Australia. As there were no specialists at the hospital where I was stationed, the doctors would see and do everything. And because of the large population base requiring medical attention, coupled with the relatively limited human resources on hand to provide such care, students shouldered a significantly larger amount of responsibility.

Walking into the operating theatre was wholly different from any Australian counterpart I've encountered. Apparently no new gloves had arrived at the hospital for two years. After surgery, we would simply hand-wash them in a sink then hang them out like washing on a line to dry. A shred of the local newspaper was then wrapped around them, and, presto, they're ready to go again. Ditto the syringes.



John Vedelago with a doctor in India

But by far the most eye-popping manifestation of the scarcity of medical equipment was in the labour ward. One night, we were expecting an overdue baby. After the delivery, it was clear that the baby would need suction to its nose and mouth to help it take its first breaths. Slight problem - there was no suction machine in sight. What to do? A solution was quickly found - the nurse matter-of-factly proceeded to take a flexible necked straw out, stick it in the baby's nose and mouth and suck with all her might, pausing only to spit out whatever contents she had drawn up into her mouth!

The staff of the hospital were nothing short of inspirational in their selfless dedication to their work. The concept of working hours did not really exist; they would work until all the patients had been seen, regardless of the time of day. The five doctors at the hospital would happily go without sleep, weekends, or evenings in an effort to make sure everything was all right with their patients.

In all, involvement in the Medical Students' Aid Project made for an unforgettable elective experience. Like everyone else involved, I am grateful for the opportunity and wish to sincerely thank our generous supporters. Your assistance helped us to help those desperately in need.



A northern Indian landscape

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Contact us

If you would like to find out more about MSAP, please contact the Executive.