THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

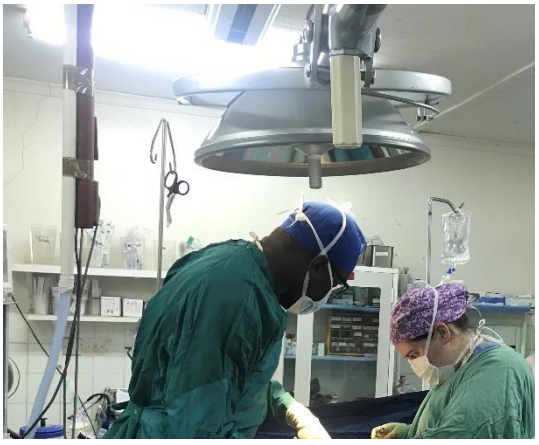
International Medical Education

Medical Student Enrichment Program
University of Alabama at Birmingham School of Medicine

Clinical Elective: Kasempa, Zambia – Mukinge Hospital
Dates of Training: January 28, 2019 to February 21, 2019

Student: **Amanda Alldredge, MS4**
Date of Reflection: March 3, 2019

During my initial tour of Mukinge Mission Hospital, my eyes were drawn to the rows of tightly-packed beds, the dingy sheets, the open windows, the occasional gecko or spider on the ceiling, and the thin curtains providing "privacy" for laboring mothers. I saw all the ways this hospital was different from those I had experienced in the US, and I assumed that the patient care must, therefore, be inferior. However, that assumption was quickly proven incorrect.



While there, I worked alongside the four physicians who provided care for the 220-bed hospital, as well as two outpatient clinics and an Emergency Department. These doctors were all trained as generalists, but out of necessity, they have learned to handle anything that walks in the door, from malnourishment to hippo bites to terminal malignancies and everything in between. Amazingly, they are able to handle each of these situations with very limited resources. They taught me their methods - dressing wounds with honey to reduce infection, being a good steward of antibiotics because of frequent shortages, and wasting nothing because anything disposable is of value. They also showed me how to balance decisions between all that could be done for a patient and what would actually be useful.

I worked primarily in the maternity ward with Dr. Bubala, a Zambian physician who completed her medical training in the US. During my time there, we cared for several patients with pre-eclampsia, attempting to find the right balance between maternal and fetal health for each of

them. The hospital's NICU resources were extremely limited, with only CPAP and NG tube feeds available to sustain premature infants, leading to high mortality rates for preemies. In a region where most women get married as teenagers, the majority do not finish secondary school, and very few have jobs outside the home, health literacy was extremely low, and it was easy for providers to take on a paternalistic approach, simply telling patients what needed to happen. However, with each of our pre-eclamptic patients, Dr. Bubala took time to explain the disease process, and both the risks and benefits of delivering their babies early versus allowing their pregnancies to continue. She showed respect for each and every patient, and gave them time to think and talk about the options before making decisions. In the end, it was always a difficult choice, and there were often poor neonatal outcomes. However, Dr. Bubala and the other physicians at Mukinge taught me to accept our limitations and move forward knowing that we were still providing so much more than our patients would have otherwise had.

On my last day there, I walked through Mukinge and saw mothers who had become close friends while caring for their infants in adjacent NICU cribs, nurses who went above and beyond to care for their patients while also sterilizing instruments and keeping the wards clean, and physicians who worked tirelessly to provide the best care they possibly could with the resources available. My eyes focused on the faces of patients I had come to know well, and staff members I called friends. All of the minor details about the appearance of the wards and the missing resources had fallen away, allowing me to see the truly important aspects of a hospital that does so much for its patients with so little.

Amanda Alldredge