Return From Zambia

Carl H. Nielsen, M.D.

During the past four years, I have volunteered for the ASA Overseas Teaching Program (OTP) for a total of nine months. I was the second volunteer to go to Kilimanjaro Christian Medical Center (KCMC) in Moshi, Tanzania, in 1992, and I was the last to go to University Teaching Hospital (UTH)* in Lusaka, Zambia, where I spent three months in 1996.

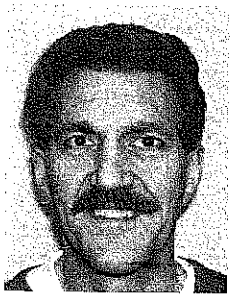
I went to Africa like many other people for the thrill and to escape the world as we know it. I wrote an article about my experience that was published in the *ASA NEWSLETTER* ("Finding the Missing Link," 57(3):11-13). It was a fantastic experience both from a personal and professional point of view, and I decided to repeat it. It has been my privilege and fortune to be able to do so.

The three following trips were to UTH. When I first went there in February 1994, I was impressed at how differently OTP volunteers and the UTH staff functioned together compared to what I had experienced two years earlier at KCMC. I would like to quote from a diary entry during the UTH trip:

> "The discrepancy between theory and practice is astonishing. It just does not work in Zambia to teach in the classroom when it is not followed up in the operating theater. The leadership of UTH Anaesthesia is weak and inexperienced. As people, they are all great and good to know, but a functional management they are not. Why has this mess been allowed to continue? The Zambians deserve better than this."

Critique was easy. Remedy, at the time, I considered to be insurmountable. But I decided to take up the challenge and went back to Lusaka a second time from January through March 1995. I needed to be able to demonstrate the practicality of my theoretic lessons; in other words, to give anesthetics myself, but to do so under the OTP required that the rules be changed a bit. With this in mind, I applied to the Medical Council of Zambia for a medical license. Initially, all the copies of my certificates and curriculum vitae were lost and nowhere to be found (it's the Z-factor). Luckily, my wife back in the United States was able to locate the originals, make new copies and mail them to me, and so with a four-week delay, I could apply again. I was issued a provisional medical license that was valid for two years.

To teach eight Clinical Officers in Anaesthesia (COA) students at UTH



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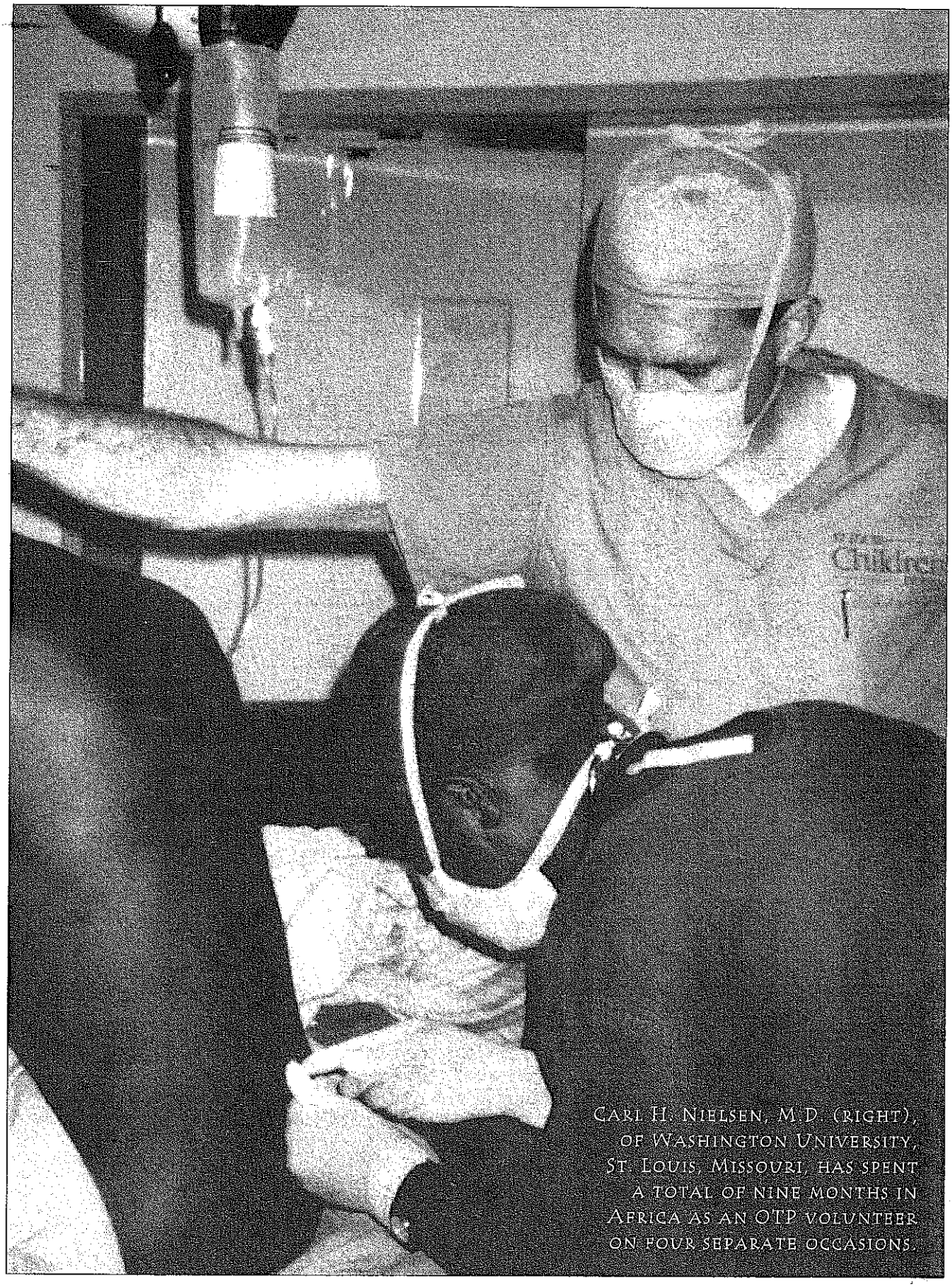
* After extensive site re-evaluation and attempts at assisting the Zambians' recruitment of long-term indigenous leadership at UTH, the OTP decided this year to terminate its teaching support there. Further consideration toward involvement of the OTP at UTH will depend on implementation of certain responsibilities specified in the OTP *Statement of Agreement* (page 8).



Carl H. Nielsen, M.D. (right), of Washington University, St. Louis, Missouri, has spent a total of nine months in Africa as an OTP volunteer on four separate occasions.

"WE HAVE MADE A GIANT CONTRIBUTION TO ANESTHESIA EDUCATION IN ZAMBIA, BUT I FIND IT SAD THAT THERE IS NO INCENTIVE FOR A MEDICAL STUDENT TO TAKE ON POSTGRADUATE ANESTHESIA EDUCATION IN A COUNTRY OF 7 MILLION PEOPLE, WHERE CURRENTLY THERE ARE LESS THAN 10 ANESTHESIOLOGISTS."

and a class of medical students at the University of Zambia without any guidance and curriculum was no easy task. The book *Clinical Anesthesia Procedures of the Massachusetts General Hospital* served as a rough guide for the 60 lectures I gave during my three-month stay. But real success was only reached in the operating theater, where I could prove that theory to be an instrument for better and safer anesthesia for the patients.

I left Lusaka with a good feeling of accomplishment and an assurance that a local leader would be in place upon my return in January 1996. This promise was not to be fulfilled. Upon my arrival in January, I found no changes had taken place, and without academic anesthesia faculty, little teaching had been given in anesthesiology since my 1995 visit.

From January until April 1996, I volunteered again at UTH. I again supervised one operating room every day and gave lectures in the afternoon. I used the method that I had developed during the previous year's tour, but I think the real impact of my presence was my function as a role model. Anesthesia records and regular measurement of vital signs had been uncommon, but once I had located the storage place for blank anesthesia records, the students enthusiastically helped me fill them out during the cases I supervised.

Without anesthesia leadership, conditions at the Zambian program have declined compared to 1993. For OTP to continue to function in this environment, we would need six to eight seasoned volunteers who in turn could serve a longer period, e.g., for three to six months each. However, this is currently unrealistic and contradicts the stated goal: to encourage the autonomy and self-determination of these functional but otherwise limited programs and likewise, to dissuade their dependency on volunteers for service.

Thus, the OTP at UTH was terminated April 2, 1996, when I left Lusaka. But this should not be considered a failure on the part of the OTP. OTP is still needed in Lusaka, but it cannot function without local leadership. We have made a giant contribution to anesthesia education in Zambia, but I find it sad that there is no incentive for a medical student to take on postgraduate anesthesia education in a country of 7 million people, where currently there are less than 10 anesthesiologists. Without long-term direction from a credible local anesthesiologist, postgraduate training programs such as the M. Med. Anaesthesia program stand little chance in development.

I feel it was fantastic to have had the privilege to be able to function in two so vastly different anesthesia communities. After this trip and my reading of Conrad's *The Heart of Darkness* and Goulet's *The Uncertain Promise*, I began to understand Africa, and it will be a lifelong love for me.

May it be known that I regret to be asked about my vacation in Zambia and also that I have seen more big game in St. Louis than Zambia.