
Report

St. Walburg's Hospital Nyangao

Clinical elective from 24.02.2017 to 29.03.2017

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Introduction

St. Walburg's Hospital Nyangao is a voluntary agency general hospital in Lindi Region, in the south of Tanzania. The hospital was founded in 1959 out of a small dispensary by Sister Doctor Tekla Stinnesbeck a Benedictine Sister of Tutzing. Nowadays the hospital is owned by the Catholic Diocese of Lindi and still supported by the Benedictine Mission of Tutzing.

Nyangao is a small village with a couple of thousand inhabitants. Despite the size of the village Nyangao Hospital is well known in the region and patients travel long distances to reach the hospital.

The hospital is structurally divided into an Out-Patient-Department (OPD) and an In-Patient-Department (IPD).

Patients coming to the hospital are seen first by so called Clinical Officers in the OPD. They can treat smaller issues right away and refer more complex problems to doctors.

The IPD comprises in total 220 beds. It consists of five major departments: Medical, Surgical, Obstetrical & Gynecological, Pediatric and Tuberculosis. The first two are structurally divided into male and female wards. Furthermore, the hospital also has a Dental Unit, a Psychiatric Clinic, an Eye Clinic and a Preventive and Promotive Health Care Department consisting of a Mother and Child Health Care Unit and an Infertility/Family planning Clinic.

Supporting Services are: Laboratory, Pharmacy and Central Sterilization with Infusion Fluids Production Unit, X-Ray Unit, Physiotherapy Unit, PHC/CBHC Program, Clinical Pastoral Social Service Department, Domestic Department, and Technical Unit.

Clinical elective

The first week of my clinical internship I spend accompanying an internal specialist. As patients with issues belonging to the internal medicine are found in almost all departments, I very soon obtained a good overview of the hospital. Predominating diseases were Malaria, Tuberculosis and HIV-infections.

"Una homa?" (do you have fever?) "Una kohoo?" ("Do you cough?") and "una tapika?" ("do you vomit?") belong to the first phrases I learned as the anamnesis often repeated itself. I was able to amplify my understanding of the basic examination, lung auscultation and palpation of the abdomen.

In the afternoon I accompanied doctors in the OPD and helped treating ambulant patients coming with various kinds of different problems (from fractures and wounds necessary to be stitched to common colds).

What is more, the operation theatre with two rooms was always busy and whenever I wanted to I could go there and either watch or assist surgeries.

The following two weeks I went into the gynecology and obstetrics. I accompanied doctors on their ward round thus, learning a lot about gynecological diseases. Common problems were Malaria and HIV-infections under pregnancy.

I was taught the general examination and assessment of pregnant women and on the second day I already delivered the first baby. Moreover, I could assist in uterine curettage and accompany the gynecologist in the OP-theatre doing e.g., Caesarian-Section, hysterectomy or laparotomy by ectopic pregnancies.

The afternoon I spend mostly in the gynecological consulting room performing sonography and examining the abdomen.

In order to get an insight into all main departments of the hospital I chose to spend the remaining days with the surgical team. This meant seeing patients with diseases such as different types of cancer, hydroceles and necrotic wounds. As this hospital has only one surgical specialist, he was treating orthopedic injuries also, predominately: fractures caused by traffic accident. Many children came with incinerations. Sometimes there were patients that had been fallen down from a coconut tree. Furthermore, I visited the laboratory for several hours for 3 days thus, learning more about testing of malaria and tuberculosis. Besides, I was able to practice to take blood as this measurement is done by nurses in the ward.

Comment

Before arriving to Tanzania I was excited to come to know a hospital in this country, not knowing what to expect. I was curious what kind of differences there are between this regional hospital and some hospital in Germany.

I experienced that at first I was looking at all those differences out of a "German" perspective, considering how diseases are being treated or what possibilities are at hand in Germany. Yet, already after few days this perspective changed and I found myself thinking about and trying to solve problems with the possibilities available.

Indeed, there are lots of differences. Some are worth mentioning as they also describe well the hospital and the circumstances of the clinical elective.

- Above all, I have to say that I was welcomed very warmly by everyone in this hospital. In general Tanzanian people are very kind and open. I was given the opportunity to decide on my own how to organize my time being in the hospital.

- I was able to see and learn a lot. Especially with respect to the practical procedures, doctors and patients led me perform much more than would have been possible in Germany (e.g. uterine curettage).

- The doctor-patient relationship is extremely uneven. Patients take rarely part in decision-making. Moreover, I have seen only few times a patient complaining of something. For instance, patients often had to wait up to 6 hours in OPD without complaining.

- Due to a lack of several diagnostic possibilities (e.g. non-available blood picture or liver parameters, no computer tomography) in various parts of medical departments there is still a very basic medicine performed. For example: The anamnesis becomes more important. Increasing focus is being laid on auscultation, percussion and palpitation. Anemia is being diagnosed by looking at a patient's conjunctiva and hands. Bad smelling wounds indicate a bacterial infection.

- On account of the fact that the hospital has only one specialist (and only 8 doctors at all), doctors find themselves covering a broad variety of diseases. Almost all of them do surgeries (at least Caesarian section).

- Especially in my time in the surgical department I noticed that a lot of diseases were very well advanced as patients came to the hospital. I have seen abdominal tumors as big as a

football standing outside the abdomen. Wounds were neglected so long that only amputation could save the patient.

Many People try to mind the hospital out of financial reasons. Some can't even afford to travel to the hospital, not to mention the hospital fee or medication expenditures.

- The hospital rooms contain from two up to eight beds. Besides the beds there is little fixture in the rooms. For example oxygen equipment is nearly not available (the intensive care unit has about two portable oxygen machines). I have seen patients in the gynecological ward sharing beds.

At night almost all patients have mosquito nets. In the day it can get really warm, not all the rooms have ventilators. There are flies everywhere (also on the wounds of patients).

- Very exceptional is that not the nurses take care of the patients when it comes to cleaning the bed, washing the patient bringing food etc. Instead, relatives normally look after the sick. The hospital is just not able to provide such service, including the preparation of food. This implies that relatives sleep outside in the hallways of the hospital or in a building nearby. I have seen a father staying more than a month with its child in the hospital not leaving him once.

- Every patient that comes to the hospital pays 5000 Tanzanian Shillings (TZS) (about 2€). Afterwards every procedure has its price. For example an X-ray and an ECG cost 20000 TZS (about 8€) each or an Ultrasound costs 15000 TZS (about 6€). The admission fee for a week is 30000 TZS (about 12,50€). The latter can already be twice as much as what a Tanzanian earns per day. Therefore, many patients are discharged on request and leave the hospital earlier due to financial reasons.

Only few have insurance. For children under five years and for pregnant women treatment is paid for by the government. HIV and Tuberculosis as well as Malaria patients receive their medication for free.

- In the morning meeting the laboratory daily reported on the amount of blood bottles available for transfusion. As they were always scarce patients for surgery had to ask relatives to donate blood in advance.

Also the pharmacy reported from time to time of scarcity of medication.

- There are some types of diseases that can't be treated in this hospital. For example adequate treatment for patients with kidney problems is difficult. There are only few stations of dialysis in Tanzania.

I experienced several times the situation that patients were sent home because the hospital could not offer any treatment anymore.

- Patients with diagnosed open tuberculosis would be staying with others in the same room. No isolation measurements were taken.

- The Op-theatre of this hospital is very different to German standards. First of all patients are treated totally different. They are walking barefoot themselves (if they can) into the surgery room and climb on the operating table. From there they can still follow surgery preparation until they get anesthesia.

Not all equipment is available which narrows the range of possible operating procedures or the surgeon has to improvise. For example a typical craftsman drilling machine is used for fixation of screws or fishermen's nylon thread is used for stitching the skin (it is cheaper and experience shows that it works very well).

- I experienced very positively the atmosphere in the hospital. Despite a lack of staff (especially of doctors) the working atmosphere was very relaxed. Very rarely I found someone in a hurry which also includes emergency situations.

The ones who suffered under these circumstances were the patients as the waiting time increased. A different mentality allows people to wait half a day (without distraction: no reading no watching television) to see doctor without complaining.

- Very interesting is the fact that traditional healers are still popular in some parts of the population (especially in rural areas). As a result of people going first to such a traditional healer, patients often arrived at the hospital with very advanced injuries or diseases.

- The government is trying to compensate the lack of doctors by introducing a so called "Tele Medicine". A computer with integrated video device was installed in the hospital. Thus, both doctors and patients in the hospital are able to get in contact via a video conference with doctors in e. g. Dar Es Salaam (capital of Tanzania) to discuss medical cases and ask for advice. Frankly speaking, this innovation did not meet much approval under the doctors at Nyangao Hospital as this cannot fully replace a doctor and they would like to see the money spent somewhere else.

- Electricity in the hospital is not a major problem however; I experienced few times a shutdown of all electrical devices. One afternoon we could not take any X-ray pictures as there was no electricity.

- A very interesting method of treating wounds is the so called "DIVE-method" (DIVE = Debridement, Irrigation, Ventilation, Elevation). It was introduced by the surgeon of the hospital as it fits to treating complicated open wounds in the given circumstances. These Wounds are debrided or scraped out using a scalpel. Then they are cleaned by a strong jet of water. The wound is supposed to be kept uncovered by bandages in the air in an elevated position. A tunnel is placed over it and covered by a blanket preventing flies or dust to get on the wound. This method shows good results of healing over a long period of time. The surgeon lays great emphasis on the antiseptic effect of oxygen in the air. Moreover, this is a cheap and simple method of treating wounds as neither the patients nor the hospital have the financial means to buy the material for applying bandages and changing them every other day.