

From: Rebecca Baldock

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Over the last few months we've had a new Dr working with us, which I'm really enjoying. We have three specialists now, a surgeon, paediatrician and a physician. It makes a huge difference having a Dr incharge of a particular area. All of these Drs worked at Kagando shortly after qualifying. They were then assisted to do further training, with the agreement that they would again work at Kagando for a few years. The Surgeon and Paediatrician were here when I arrived but the Physician is new. After doing his studies in South Africa he went to work in Australia for four years. Many people thought he wouldn't come back, but he's honoured his commitment. Being Ugandan, and having worked in other countries, makes him fascinating to work with. He's a strong Christian and deeply committed to his work. He has a wonderful patient manor and is a strong believer in the multidisciplinary team. This is a huge thing to say, as in Africa; even in South Africa the emphasis on the multidisciplinary team is not strong. His experience in working with a good multidisciplinary team in Australia has had a huge impact on him, and he's keen to promote it in Kagando. He loves Physios and Occupational Therapists, and has started multidisciplinary team meetings. He's given the nurses on the ward much more respect and authority, and wont let our physio patients be discharged until the Dr's have consulted us. He understands that having a good Multidisciplinary team optimises the patients' treatment and sends them home quicker. Also that if you don't have good rehabilitation before going home, you end up with more complications and often readmission. I'm loving it. We still can't have too long with patients as we understand that it's expensive for them to stay in hospital. You can forget the extensive treatment our stroke patients get at home. But it's great to be able to have a week or two with them to get them walking again, or sitting well and its amazing what you can achieve in such a short time.

I find it fascinating to see the things he has learnt from his experience of working in Australia, and what he feels is the most helpful for here. As I've already said he's started weekly multidisciplinary team meetings, and enabling the whole team to work together and respect each other. He's also started monthly ward meetings for the nurses and Drs to discuss issues and do relevant training. He's introducing critical incident forms – something I'd never have thought of doing. A critical incident form is something you fill in when something goes wrong – i.e. giving a patient the wrong drug. It's not meant to blame people, but instead to look at what's going wrong and why it is. This enables you to see what can be put in place to prevent it happening again. It's such a great idea, as whenever I've tried to question things or discuss things, you often get met with either someone else being blamed or a defensive mechanism, instead of helpful discussion and ways to learn from the event. Dr George informed me that this is very cultural as everything has a blame. It's so helpful to have the insight of how things could be improved, but also have the cultural understanding of why things are done the way they are and how to be able implement things successfully.

One of the things that I've mentioned in a previous prayer letter that's very different here is the variety of options for medical treatment (Local healers, Witch Drs, Hospitals). I often have to explain to patients about their conditions. In the UK this is

the job of the Drs and we are able to supplement the knowledge of the patient and answer questions, but only after the Dr has diagnosed and explained it. Here the Drs don't always have time to explain properly (although again Dr George is very good at doing this) or the patients don't always understand, and need to have the information regularly repeated to them. Many people don't have a good knowledge of the human body and how it works. I've had to explain a few times about arthritis to patients. I will always use a translator for explanations as my lukonzo is not that good and I want to make sure that people fully understand what I'm saying. I explain that we know what is wrong with them. It's called arthritis and is a disease that affects the joints. That it is not curable, but we can help them with the pain, etc. My translator, usually a student nurse translates that they will be cured. I know enough to catch them out, and they always look at me in horror, when I explain that you need to tell them the truth or they will not trust you when they see they haven't been cured. The reaction is but you can't tell someone that it can't be cured. Eventually they translate what I've originally requested them to. I originally thought that this was because my translator was usually student nurses and it's very hard to tell a patient that you can't completely cure them. But I've recently learnt that this is cultural. When someone goes to the witch Dr, they are always told who's to blame for their problem, and what to do to cure it.

I haven't had too much exposure to Witch Drs and local Healers (apart from one bone setter in the hospital). Things are improving from this respect, as I spoke to a Dr who used to work here. He said that he'd almost given up on realigning broken bones and putting them in plaster, as the next day the attendants would have removed the plaster and got a bone setter in to be touching the arm, and applying lotions. Thankfully that no longer happens. But you are never quite sure what people will do once they reach home.

This year they've started organised walks in the foothills of the Rwenzori Mountains. You can do a day or a two day walk, with local guides, and all money generated is put back into the community. At the moment they are focusing on building good classrooms for a local school. You walk in a place called Kilembe, where there is an old copper mine. The walks are really interesting as they educate you about the mines and on local herbal remedies. There seems to be two different types of traditional ways of healing. The first is the traditional healers. Over the years people have learnt about the benefit of different plants through trial and error. If someone was cured then that plant is good for that illness. If someone died after taking it they know it is poisonous. Most of the plants need to be crushed or chewed and cure stomach ache. A type of dandelion flower or rabbit fur can be put on blisters to make them pop. There's even a plant to cure vegetarianism!

The second type of traditional healing is your local Witch Dr. We are informed that these are generally old men who have the Gods with them. They don't try out cures, but are instructed on them by the voices they hear. When the sick are brought, they are often laid down in a straw hut, someone is usually blamed for the illness, and a way to cure it is given. I have a particular dislike for this system. Mainly due to all the dark spiritual content. They have been known to make dolls, and use chimp / Gorilla heads and hands for their remedies. They were also responsible for the belief that sleeping with a virgin would cure you of AIDS and many children suffered due to this.

There are some funny things happening too. About 30min from us, there was a man who used a microscope to assess people. If someone was complaining of stomach pain he would put the microscope on their stomach and look through it. He'd tell the

patient he could see worms and give them a strong drug to treat it. The patients all loved him, as he was cheapish, and they'd feel much better due to the strong painkillers he was dishing out.

Going back to my first point about the new Dr. One of the great things about working here is that the hospital is really moving forwards, and there have been loads of positive developments happening in lots of different areas. It's great to work in an environment like this and to be able to reflect on where things have come from, and where they are going too. Please keep praying for the hospital and the staff as we endeavour to give a good service and show Gods love to these people.

Love Rebecca