A Hot African Night to Remember

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Down a hot, dusty road in Kumasi, Ghana, lies the medical emergency unit at Komfo Anokye Teaching Hospital. I had just finished my first year of medical school in the United States and I was on a three-week medical mission to Ghana. Half an hour after arriving at the hospital, I settled in to help the intern with whom I would experience the most memorable night in my medical training. Because of a severe staff shortage, I spent most of the night assisting the intern performing urine catheters and paracentesis. To "my" patients I was a symbol of stability and even hope because of the country from which I came, and I soon felt the magnitude of responsibility and power these patients had given to me.

As I entered a sweltering room that night, a patient awakened, clutching his chest, his eyes watering. He began to cry out "Pressure! Pressure!" Not knowing what to do, I rushed back to the intern and inquired. Distracted, he calmly said there was nothing to be done. I hurried back to my patient and sat down at his bedside. Feeling helpless, I grabbed his hand and squeezed. I tried to tell him in his language that everything would be okay, my voice unsteady as the foreign words fell from my lips. Watching his mouth foam and his eyes glaze over, I became aware of my own mortality. I stood up and watched my patient take shallow breaths. Unable to restrain my tears, I ran out of the room into an abandoned bathroom and began to cry. Although the room reeked of urine and the walls were spattered with blood, I felt safe, shielded from the harshness of death. After regaining composure I returned to my patient's bedside, trying to appear strong and optimistic. As his cries diminished gradually in tone, my eyes welled up with tears. The patient in the adjacent bed pleaded, "Doctor, do something!" How was I to explain that I wasn't a doctor, even though I wore the revered white coat?

After they took my patient away I noticed a machine next to his bed. The intern later explained that it was a dobutamine pump that could have helped my patient. However, it lay idle, unplugged, and dusty from years of nonuse, because no one in the emergency ward knew how to operate it.

I went to Ghana thinking that I could offer free medical resources. I realize now that many of those resources are available at sites such as the Komfo Anokye Teaching Hospital and others throughout the country—but not the knowledge or follow-up to make best use of them. Perhaps, on these missions, we could train local personnel how to adequately utilize and maintain existing resources, like the dobutamine pump, thereby empowering local health care workers to more effectively handle the barrage of chronic illnesses affecting developing countries. We could also establish better follow-up with our medical counterparts, in turn improving autonomous local patient care. Consider that no one would invest money without periodically checking in on it. Likewise, as we invest time and effort overseas, we should monitor and assist our foreign colleagues and their patients, even if it is from a distance.

Occasionally, I find myself thinking about my patient and what more I could have done. As my thoughts wander back to that small, hot room, I know that my patient's death was not entirely in vain, for it helped me to realize how much I can do now. I learned that the greatest gift I can give to developing countries is to be an advocate for other health care workers to meet the needs of those countries' inhabitants. I imagine that if we transform the focus of medical missions from acute to long-term care, with an emphasis on education, we can make more of an impact. Perhaps, when such changes occur, a patient such as mine would still be alive today.