Our Medical Elective in Juba

Genevieve Crudden, Trinity College, Dublin, Ireland gcrudden@tcd.ie

Every year, many medical students do four-week electives in foreign places as part of their medical training. My friend, Laura-Ann Lambert, and I are medical students from Trinity College, Dublin, Ireland. We have just completed our electives in Juba Teaching Hospital (JTH), Southern Sudan. As two twenty-one year old female 'Kawajas', we were discouraged from taking our medical electives there. In western society, Sudan is still perceived as a dangerous place. Little did they know the wonderful teaching two young prospective doctors could receive in Juba. We spent two weeks in the Paediatrics Department with Dr Louis Danga and Dr Chollong Hassan followed by two weeks in the Obstetrics and Gynaecology Department with Dr Abdallah Mergani and Dr Martin Maring.

In the Paediatric Department

We spent most of the working day doing ward rounds, attending Out-Patient Clinics as well as A&E Intake. Dr. Danga provides wonderful care to every child who is admitted yet he still found time to teach us. He not only taught us clinical medicine in the Sudanese setting but also the medicine that would be practised in our own Western setting.

The spectrum of patients we saw ranged from premature babies to bronchiolitic toddlers to patients suffering from dehydration. It was the rainy season so it was not surprising that many children were being treated for respiratory infections and malaria. We also saw children with meningitis. Malaria is now seen more frequently in the west so it was of great value to Laura-Ann and I to witness it being treated so effectively by those who are experienced in dealing with the disease.

Dr. Danga also treated children with malnutrition. These children had their own ward where they received food supplements and where naso-gastric tubes could be inserted. At the time of our placement, the hospital did not have food in the hospital kitchen.

We also saw patients with rheumatic heart disease, suspected glycogen storage disease and suspected lymphoma. From an academic perspective these cases were very interesting but it was also frustrating to see these patients sent home as nothing could be done in the Southern Sudanese setting.

Since I have returned home many people have asked me to identify the differences between medicine in South Sudan and medicine as practised in Ireland. I think one of the key differences is that the doctors in JTH rely more on their own clinical observations to diagnose and treat patients whereas in Ireland most physicians turn to laboratory results, machines and monitors before making a diagnosis. South Sudanese doctors are very



Dr Abdallah Mergani with Laura-Ann (left) and Genevieve (right)

good at diagnosing medical conditions using their five senses alone. In JTH they do have facilities to ascertain haemoglobin level, white cell count, malaria and HIV status. The HIV test is not done routinely on the paediatric patients.

Technological advances, of course, are an asset to medical health workers but nothing can replace sitting down with the patients, listening to them and then examining them thoroughly. We have been told this many times in medical school and JTH hammered this point home for me. Another difference I found was the role of the nurse. In Ireland, nurses ensure that the patients are comfortable and stable by regular monitoring of vital signs. They make sure their patients receive their medication in bed. In South Sudan the nurses assisted the doctor on the ward round but they did not seem to monitor the patients when the doctor left.

When we had decided to go to South Sudan, Dr Hakim (of the St Mary/Juba hospitals link) asked Laura-Ann and I to do a study on the prevalence of HIV among the children

attending the A/E Department. Our plan was to do anonymous testing using the blood that each child (aged 2-12) gives as part of its work-up. We received ethical approval for this in Ireland and Sudan and took the equipment for it. This project, unfortunately, was not facilitated for us in Sudan on the ground. Kora Healthcare, Swords Dublin had kindly donated 239 Human Hexagon rapid diagnostic kits. When the research project failed to go ahead due to unavoidable circumstances we gave the kits to the laboratory of JTH and a rural healthcare centre in Rumbek. The current findings are that the overall HIV prevalence in Southern Sudan is approximately 3% (2008 census). As a result of the lack of routine HIV testing we did not see a representation of that figure and we only met one confirmed case.

In the Obstetrics and Gynaecology Department

For our last two weeks, we joined the Obstetrics and Gynaecology Department. Coincidentally Dr. Mergani and Dr. Maring were giving a GOSS and WHO sponsored five-day course in Emergency Obstetrics to the medical officers working in rural areas. Laura-Ann and I were very impressed with the teaching we received. It was a brilliant contribution to our knowledge of obstetrics. At the end of the course, all participants received certificates from the Minister of Public Health and a representative of WHO. We spent the following week in the Obstetrics Department doing ward rounds, examining the clients and observing in theatre. Like Dr Danga, Dr Mergani and Dr Maring work very hard to ensure that the welfare of the women who are admitted is given priority.



Dr Martin Maring, Laura-Ann and Dr Abdallah Mergani

Outside the hospital

As Laura-Ann and I stayed with the lovely people of the Sudanese NGO ACROSS, we were able to do some medical work outside the hospital. ACROSS with its partner, the UN Refugee Agency (UNHCR), look after the members of the Ethiopian Anuwak Tribe at Lologo refugee camp. With Roda, one of the ACROSS medical officers, we immunised the camp's pregnant women and babies - giving tetanus, OPV, measles and BCG. The following week, we helped at a Health Awareness Day for the pregnant women explaining the dangers of smoking and drinking alcohol during pregnancy. These were invaluable experiences for us.

Would I recommend Southern Sudan as a destination for her/his elective to a friend? Yes, I would. Ours was not a typical Medical Elective with safari parks and back-packing expeditions but I think it was better. Not only did we learn a great deal but also we enjoyed ourselves and met some wonderful inspirational people.

We are very grateful to Dr Danga, Dr Mergani, Dr Maring, Dr Eluzai Hakim, Dr Sarah Goldsmith, the staff at ACROSS, Ingrid Deutrom of Kora Healthcare, Prof Orla Sheils and all of those people who helped to make our elective possible as well as effective. Despite all things in South Sudan being quite 'tricky' we will do our very best to return.