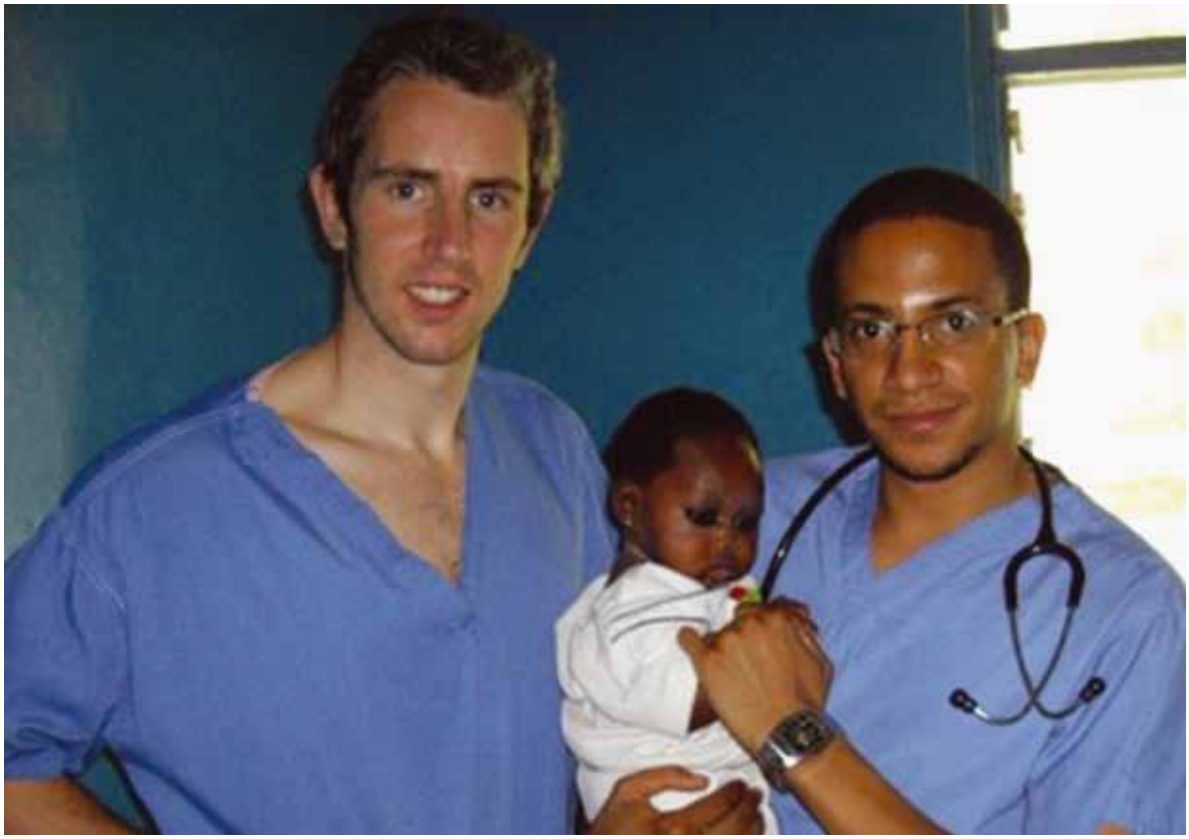
AWOJOBI CLINIC

Extracts from the journal of Sam Parker (1997)



Sam Parker and Lee with a baby

Introduction

UK medical schools allow students to go and study in a tropical country for a period of eight weeks. This allows the students to see pathology and diseases, the like of which they rarely see in the UK. My elective took me to a rural general surgeon's clinic, in Eruwa, 40 miles west of Ibadan, 50 miles north of Lagos. This clinic is becoming famous for its resourcefulness and its methods are starting to be replicated throughout Nigeria. Many believe the techniques used at this clinic could solve many of the problems faced in providing healthcare for Africa.

Whilst I was there I wrote a journal. Here are extracts from my journal. I learnt a lot, I saw a lot and I observed the huge cultural differences between medicine in rural Africa and medicine in the UK.

The Awojobi Clinic, a private hospital in the public service.

Dr Awojobi opened the Awojobi Clinic twenty-three years ago with an aim of offering affordable healthcare for impoverished Nigerians, who cannot afford the prices of the government-owned hospitals. He achieves his low healthcare prices (about one third of normal prices) by being incredibly resourceful. All his surgery equipment is re-sterilised and reused, all his laboratory tests use ingeniously simple self-designed equipment that produces accurate clinical parameters, and his hospital always has running water and electricity (which is a rarity amongst the Nigerian hospitals). Most importantly Dr Awojobi supplies a good healthcare service to his patients. The healthcare is crude but adequate and many patients' lives are saved. 130,000 patients have been treated at his clinic, he has performed 5000 hernia repairs, 700 prostatectomies and thousands of other operations that have completely changed the lives of many very ill patients.

Sam Parker operating

Many travel from miles away to reach his hospital because it is the only hospital they can afford.

Cultural differences

In Nigeria the patients wait for ages before they go to hospital. To them hospitals are expensive and hospitals are a long way away and difficult to get to. Four years ago one of the patients was in obstructed labour for four days. As a result of this she unfortunately gave birth to a still-born and acquired a large vesico-vaginal fistula (abnormal connection between the vagina and the bladder), which has been with her ever since. She was so infected when she came to hospital, the pain must have been unbearable. I struggle to understand how she could have lived with this fistula for so long. Another patient presented with acute urinary retention. He said that he has been having pain whilst straining to go to the toilet for twelve years. Twelve years! I mean that's a massive chunk of anyone's life.

The only interpretation I can think of which explains this high pain threshold, amongst African patients, is that to them pain and discomfort is normal. Everybody probably has an injury or disease they have to put up with and endure, and if they don't, they know that many of their friends do.

The operating theatre

Skeletal traction

Speaking of pain, it is quite amazing how well behaved the patients are. Again it must be due to this cultural phenomenon of endurance. In Nigeria doctors stitch, probe and dissect wounds with rarely so much as a squeak from their patients. I suspect that this may also be due to the fact that their illness has reached such an unbearable limit that they will put up with any treatment in order to reach a cure.

Operating in the tropics

Operating in the tropics is a serious test of stamina. In the West surgeons rarely operate for more than half a day at a time, they have the luxury of air-conditioned operating theatres and they also have the all important hour-long break for lunch in the middle of the day. In many of the large hospitals in Africa this is how they also conduct their daily affairs, but as you get more rural the endemic demand for operations and the poverty of the African patients means that surgeons have to do two things; they carry out many operations per day but also charge much less money per operation. With no air-conditioned theatres and no hour-long lunch break surgery is continuous: there is a conveyer belt of operations from morning until evening. Theatres consist of two operating tables. While one operation is being carried out another patient is brought in and anaesthetised for the next operation. Thus the surgeons can begin their next operation as soon as they have finished their current operation. Assisting in theatre here has been a real test of stamina for me. Being a sweaty Englishman in this hot climate and with no lunch break I have found it very hard to concentrate at times, and Dr Awojobi is well aware of when my concentration is deteriorating, I hope to get better at this as my placement continues.

Rather amusingly the surgeons here use mosquito net to repair hernias (intestine protruding through the abdominal wall). I bet a British citizen would feel a bit hard done by if they end up with with a bit of mosquito net inside them. The mesh we use in the UK costs £200 for a piece 15cm x 7cm, a piece of mosquito netting the same size costs only 10 naira (4 pence)!

Resourcefulness

Let me briefly explain how amazing and self-sufficient this hospital is. Using a giant self-made Liebig condenser Dr Awojobi produces his own I.V. fluids; using a chopped up bicycle Dr Awojobi has made a centrifuge machine that produces packed red cell volume readings (equivalent of haemoglobin concentration in the west). He has also made his own operating tables out of metal and wood.

In order to keep his costs down so that patients get affordable healthcare, Dr Awojobi recycles everything he uses: his surgical gowns, his needles, and all the gloves he uses. But doesn't this massively increase infection risk and cross-contamination between patients, I hear you ask? Well possibly, but this rural poverty-stricken part of the world is no place to start playing devil's advocate. After every operation all the used equipment is sterilised in an autoclave machine, which blasts and heats all his surgical tools, gowns and gloves with high-pressure steam. Even his needles are recycled; well

Child with burns

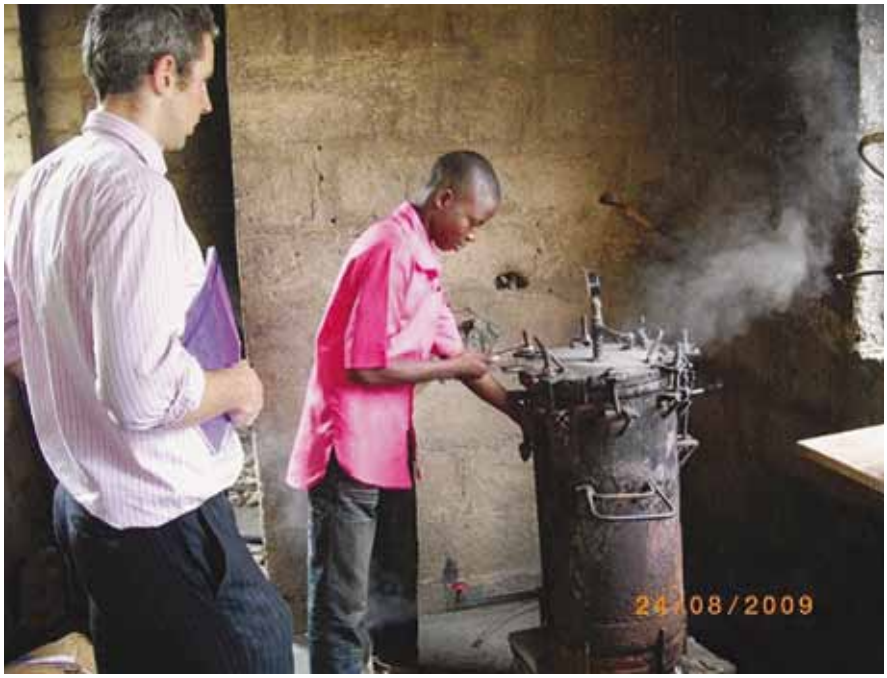
why not? If you are recycling the scissors, clamps and forceps used in surgery then why not recycle your needles?

This efficient recycling strategy results in a highly effective healthcare machine with low overhead costs and cheap healthcare for his patients. Dr Awojobi prides himself on the fact that patients can get treatment at his hospital for roughly one third of the price of any government-run hospital.

The medical care provided to the patients is not as crude as it may sound. The hospital collects biopsies for histopathological analysis, for which he makes his own slides by setting the biopsied tissue in candle wax. HIV testing and urine analysis are performed every day. There is also a radiology department consisting of an x-ray machine and an ultrasound scanner.

Doctor-patient relationship

The doctor-patient relationship in Africa is totally different from that in the UK.



Sterilising autoclave

In Nigeria anyhow the relationship is still very paternalistic. Whatever the doctor says is obeyed. The patients very rarely question the doctors about their treatment. In Africa the doctor is king. In the UK the patient is king; we merely offer the treatment options to the patient and they decide on their treatment.

Acute patients with sickle cell disease

Language barrier

We (Lee, my medical student friend, and I) have also been learning Yuroba, the local tribal language. We can now say; 'hello', 'goodbye', 'what's the matter?', 'Where is your pain?', 'I've got some questions to ask you', 'Merry Christmas', 'white man', 'I'm sweating' and 'I am a white man, I have a big nose'.

Uterine Agenesis

Infertility is a common reason why middle-age women go to the hospital in Nigeria. Being a highly religious country, having children is a blessing from God and not to being able to have children means that you are condemned. A young lady came into the hospital who had not been able to have children. Dr Awojobi wasn't able to find the answer as to why she was infertile and then decided to do an explorative laporotomy. The operation resulted in finding a very rare abnormality; this young lady has no uterus. For some reason or another when this lady was a tiny embryo inside her mother's womb her uterus didn't form

Lee on the centrifruge

(uterine agenesis) – she had both ovaries and a vagina but no uterus.

At Post-Op a very interesting consultation with the patient's mother took place. The mother was told about her daughter's condition. She then demanded that Dr Awojobi never told her daughter. It would destroy her. Superstition would lead many people to archaic conclusions, some might even accuse her of being a witch and she might even accuse herself of being condemned.

This struck me; in western medicine, a number of therapeutic options could have been considered. Her eggs could have been collected from her intact ovaries and with her husband's sperm artificially inseminated and implanted into the womb of a surrogate mother. And in addition adoption could have definitely been considered. However on no account would anybody in the western world have accused this lady of being a witch.

Patients leave

Three patients have recently left the Hospital before their treatment has even come close to completion. I am absolutely flabbergasted that they have left. One of these patients had chronic osteomyelitis in the left jaw. The infection had broken through the skin in three places and pus was leaking from her wound. She urgently needed surgery to debride the wound in order to create a clean wound that could heal free of infection. Before her departure Dr Akingunola asked her for her reasons for leaving. Her surgery had been delayed a couple of days due to unforeseen circumstances, and to her this seemed like a sign from God that she should not have surgery. People here are very superstitious.

Conclusion

Whilst I was in Nigeria I filled two notebooks. I clerked 36 patients, I assisted in 20 operations, I sat through many hours of outpatient clinics and I performed many examinations. I had a wonderful experience. I can't enter all my journal into this article but I hope it gives a taster of my experiences.

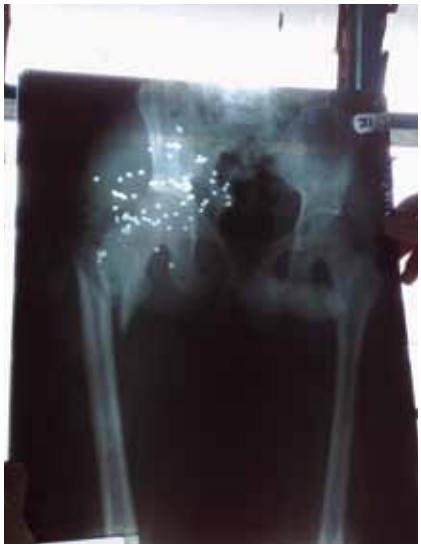
To me it seems this clinic could suggest a solution to many of Africa's healthcare problems. The demand for healthcare in Africa is so high that large expensive tertiary care hospitals are not supplying enough healthcare support. Most children continue to be born at home with no midwife or doctor present and millions of people are still dying of TB, typhoid and other infections.

Primary healthcare clinics are available in Nigeria, but what makes the Awojobi clinic so unique is the fact the patients can receive cheap medical treatment whether they have got a mild episode of malaria or whether they need a giant ovarian tumour removed.

The Awojobi clinic proves that private clinics if run with minimal government intervention limit corruption. Resourceful clinics with low overhead costs, can supply cheap healthcare. These clinics should be based in rural settings and not in the cities so that they are closer to poorer people.

IV fluids in use

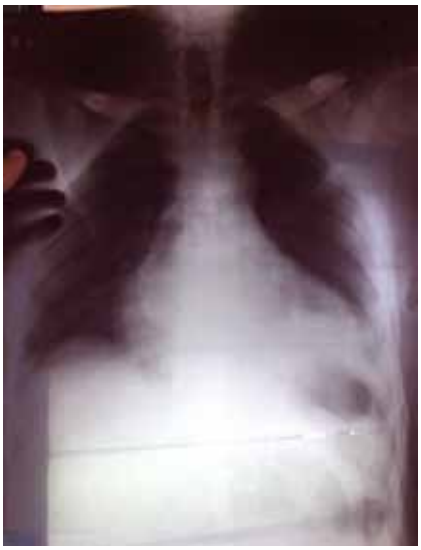
Two nurses and a baby



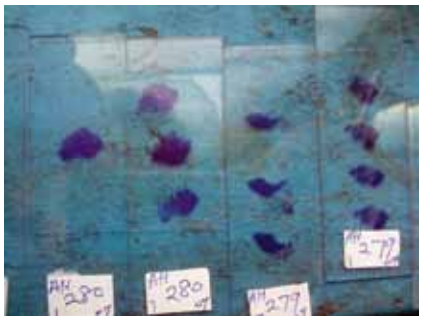
X-ray of shotgun wound and fracture

Scrubbing up

Tissue set in wax – ready for slides



X-ray – enlargement of the heart



Slides made with candle wax

Showing children around the hospital

Doing my washing

My yummy breakfast