

Selian Lutheran Hospital – Arusha, Tanzania

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After weeks of mental preparation by immersing myself in Lonely Planet, I was still astonished by my new surroundings the moment I got off the shuttle, I arrived in Arusha in the early afternoon after a long bus ride from Nairobi. Inter-mixed in the air was a chaotic concoction of car horns and shouting, both in English and Kiswahilli. Long before my cab made its way up the steep and potholed Ilburo Road and arrived in front of the red gate of Exempla House, I had already learned the two Kiswahilli phrases that I will say and hear the most for the two months, respectively; they were “Habari?” which means “What’s new/how are you?”, and “Mzungo!” which literally means “non-African person”. After a brief introduction to the other students in house, I dove into my bed and fell asleep to animal sounds from our backyard and Ugandan hip-hop music from across the street. The next morning, after a brief meeting with Dr. Mark Jacobson, I was quickly put to work.

As a student, the rotation allows for a lot of freedom and independence. You can rotate through medicine, pediatrics, OB/GYN, or surgery wards, in one of two sites; there is the original Selian Lutheran Hospital, and the newly established Arusha Lutheran Medical Center, which in many ways is more equipment and advanced than Selian. Wanting to fulfill my desire to work in a third world rural hospital, I decided to base my experience in Selian Lutheran.

From a medical perspective, one of the biggest adjustments one would need to be prepared to make is the limitation on resources. No longer is it appropriate or even possible to order the tests and imaging studies we take for granted back in the States. Take my first patient, a middle-age gentleman thought to have acute increase in somnolence due to an overdose of medication, only to have been found to have lateralizing neurological signs on the third day of hospitalization. A massive stroke, possibly hemorrhagic, was on everyone’s mind. However it was impossible to know the exact diagnosis as the closest CT scan is over an hour away and was way out of the affordability of the family. Similar stories permeate through both the diagnosis and treatment stages of medical care. There are about twenty lab tests one can order, a few of which for reasons unknown are always positive or negative. As a result, there is often a need for

“empiric treatment”, which can be a bit of headache as well. There were at least several incidences where the hospital simultaneously became dangerously low on ceftriaxone, ampicillin, chloremphenical, and even Tylenol. Another time, a teenage patient came to the hospital in very severe respiratory distress, and I thought she was going to die right in front of our eyes as there were no ventilators or defibrillators at the hospital. Thankfully a CXR confirmed a large effusion and pt’s condition improved with serial thoracenteses. The patient was put on 6 month anti-TB regimen, but like many of the patients I worked with was lost to follow up soon after discharge.

The rounding experience can be a very educational experience. After morning report and chai time, one will be teamed with a medical intern or assistant medical officer for rounds. The medical intern is the equivalent of PGY1 in the States. The AMO can serve as physicians in most situations, however their training is more clinically based verses a sound balance of classroom and practical knowledge. There are several common illnesses on the medical and pediatric wards: pneumonia, TB, HIV/AIDS, malaria including cerebral malaria, and severe malnutrition. It is not uncommon to have half the patients on the adult ward be HIV+, many of whom are stage 3 or 4 with CD4+ counts below 100. Often the rounding team was just me and the medical intern. Due to the language barrier, I relied on the medical intern to help me understand the daily condition of our old patients and the histories of new patients. It is worth mentioning that many of the patients that frequent Selian are of the Maasai ethnic group, most of whom don’t even speak Kiswahilli. In such cases, we often relied on the few nurses that spoke Maasai to help us with our reports and physical exams. If one is vocal and persistent and helpful with notes and physical exams, the intern can be very accommodating and take the time to explain the condition of each patient. This is the best way to maximize the educational value of rounding, as one will gather ample opportunity to witness diseases we don’t see often in the States – i.e. remember the three “Ds” of pellagra? As the rotation went on and my experience grew, I became more confident in offering my own input on patient care, sometimes at the request of the medical intern but also when I saw medical care that was unfit or inadequate.

There are several healthcare opportunities one can engage in outside of the hospital. I participated in a medical evacuation mission ran by the Flying Medical Service. The involvement of a medical student in such missions serves two purposes; one is for the experience of the student, but often the pilot will rely on the medical student to tend to the patient during flight. I had to do a quick review of how much diazepam to administer to a cerebral malaria patient should he start convulsing; thankfully for him and me he was stable throughout the flight. The FMS also organizes clinics in the remote areas of Tanzania. A FMS team will spend three days in a clinic and conduct vaccinations, pre-natal exams, and anything else the patients may present with. If you are interested in this, sign up EARLY as spots fill up months before each clinic. Aside from the FMS, there is also a hospice program in the community. The definition of a hospice is slightly different in Tanzania. While most of the patients do have end-stage diseases, they are often still quite independent and the purpose of the local hospice is to shorten the distance the patients have to travel for their medications. With that said, it is definitely worthwhile to go on a trip to these hospice establishments.

Outside of the hospital, there are many things you can do to relieve the stress and frustration one may encounter in the hospital. Although at first glance Arusha can be a bit daunting, I guarantee that it will

grow on you. The Exempla house is located at the northern end of the city, and like the rest of Arusha rests in the watchful eye of Mt. Meru, which you can climb in 3-4 days. There are many great bike trails just outside of the house. If you bike away from the city and head north toward the mountain, within just half an hour one will meet excited children and adults who may have never seen a “Mzungo” in person before. Arusha also serves as a great starting point for the visits to the Safari parks as well as Mt. Kilimanjaro, Africa’s tallest peak. In the city, there are many great restaurants, including some of the best and affordable Indian food I have ever had. There is also a large expats community living in Arusha, most of whom are young volunteers or educators doing some very amazing work.

Coming into this rotation, my main objective was to get a brief glimpse of the definition of international medical work. The eight weeks at Selian exceeded all of my expectations. It was very informative to immerse myself in the situation to experience the resiliency but also stubbornness of practicing medicine in a different culture. I’m absolutely certain the lessons I learned in the past eight weeks will guide me to become a more wholesome physician.