Wynne and Bryan with a Red Cross plane.

Sinikithemba

By Dr Lee Yi Yong

Many experiences and people shape us into the kind of doctors we are. From TV shows to personal encounters with patients, we learn and grow to be what our professors told us: "to cure sometimes, to relieve often and to comfort always". My six-weeks elective at McCord Hospital, Durban, South Africa taught me the spirit of "*sinikithemba*", Zulu for "we give hope", also the name of a HIV outpatient centre in McCord hospital.

McCord is a semi-private hospital in the third largest city in South Africa, a country we only knew for its history of apartheid and high HIV infection rate. Four of us (Wynne, Bryan, Xuling and I) went for the elective there together, wanting to see a side of medicine we would never see in Singapore. McCord was also unique. It was a Christian hospital, and had an outstanding HIV programme in collaboration with Harvard University. We had entered medical school wanting to help people with our skills and where better to learn how to help than in a place where the need is so great?

Nevertheless, we were apprehensive when we first arrived at McCord. We were the only Chinese people around, and for the first time in our lives, we were stared at and people asked to take photographs with us as if we were some kind of rarity. The only Zulu we knew was "*Sauborna*", or "hello", taught to us by our kind house mother at the Doctor's Quarters, whom all the doctors knew fondly as Mum Ornie. It was hard to guess her age. She had some streaks of white in her hair, usually bundled up in a navy blue scarf, but she laughed and moved with the energy of a young woman. She cleaned our rooms, and gave us advice on travelling safely within Durban. She was fiercely protective of us and was the motherly figure who helped us settled into life in Durban. She reminded us to get the armed guards outside McCord to escort us back at night when we were at first cavalier about returning to the Doctors' Quarters on our own.

McCord is only four stories high, but it was considered one of the better equipped hospitals in Durban. The patients have to pay here, but for those who could afford it, they were treated faster than having to wait at the long queues in public hospitals where they would be treated free. The four of us were assigned to the medical wards 4A (male) and 5A (female), where we helped the interns in their daily work. Right after a brief orientation, we were thrown into the midst of action of the ward round. We joined the round at the bedside of a middle-aged Zulu man. The medical officer held up a chest X-ray with a widened mediastinum and scattered little opaque spots throughout the lung field that we would later learn was indicative of tuberculosis (TB). The patient also had HIV, or was "RVD (retroviral) positive", as was the term used in McCord. Now he had been admitted in a confused state, and it was anybody's guess as to whether he had TB meningitis or cryptococcal meningitis. Terms we had only seen in a short paragraph in our microbiology textbook two years back were now becoming everyday terms here.

This patient needed a lumbar puncture (LP). At least three to four lumbar punctures were done each day – for diagnostic purposes, or simply to relieve the terrible headaches of those with cryptococcal meningitis. The interns (in other words, us) did most of the LPs, and so it was with trepidation that I performed my first LP under the guidance of one of the interns. My patient sat hunched over supported by the nurse. To my great relief, he only groaned and mumbled about the "paining" in his back and his legs but did not struggle too much. In time to come, I would learn to perform LPs on patients so confused, four nurses had to hold the patient down while the intern and I quickly punctured his back and dripped out the precious fluid that would tell us if we should start him on RHEZ or amphotericin B.

The first day itself was an eye-opener. I had never been in a ward where 80% of the patients were

Dr Lee Yi Yong is a newly graduated house officer who still believes that she is learning medicine to help people.

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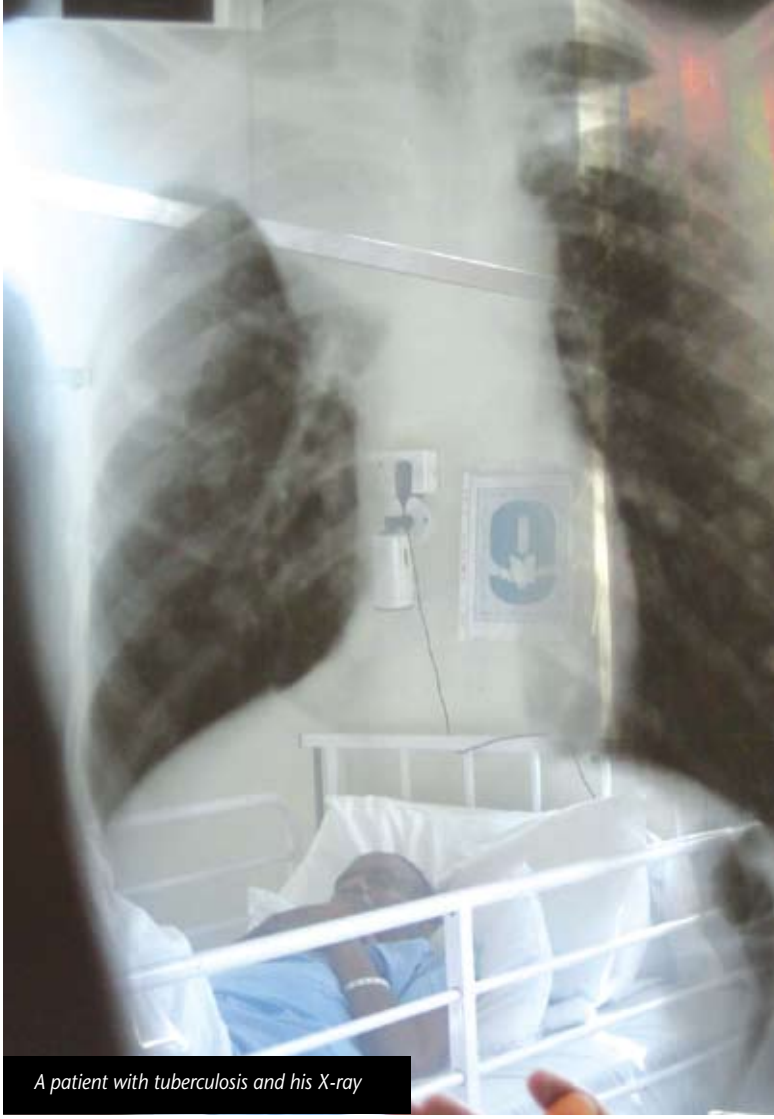
Bryan and some schoolchildren of Lesotho

McCord Hospital



A patient with tuberculosis and his X-ray

Interns and MOs at McCord

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HIV positive and half of them had tuberculosis. We practised universal precautions but as one experienced doctor told us, the best protection against tuberculosis was to eat well, rest enough and keep our immune systems well-oiled. We became obsessive about hand washing, gloving up and careful disposal of our sharps. Many of the patients were sicker than what we had ever seen in Singapore, especially those who were HIV positive whom we learnt to differentiate by their wasted appearance – gaunt faces with disproportionately large empty eyes, which were devoid of hope.

This was the face of one patient, Michael, who had been transferred from Dream Centre, a facility for those dying from HIV, because he had refused to eat. He was accompanied by a woman who called herself "the mother of Michael's children", and it was only later that we realised she was not married to him. The nurse translated for us from the quick Zulu that the woman spoke as I examined Michael and asked him where he was "paining". The Zulu people describe pain as "paining", perhaps an apt term for the chronic ongoing suffering the sick undergo. Michael did not answer me but stared ahead with dead eyes. He was so dehydrated we could barely aspirate 2ml of blood as we set an intravenous cannula on his arm. It was only after I offered to pray for him, and did so in simple English so he could understand, that his eyes revived a little, and shone, perhaps with tears or perhap with emotion or perhaps with hope.

The doctors here had stretched their abilities to meet the enormous needs of their patients. They need to battle a disease which destroyed the body's natural protection against disease, and this stretched the capacity of their skills. They need to make diagnoses with much less investigative tools than we were used to in Singapore. Organising a CT scan at McCord meant transporting the patient in an ambulance to a CT facility three blocks down the next road. Most of all, they need to give hope to people dying from HIV and help them to live.

This was where projects like "*Sinikithemba*" and "*Siyaphila*", or "I am well" in Zulu, came in. Sinkithemba was an outpatient facility for HIV patients while Siyaphila was a step-down care facility that focused on a holistic care approach. Our mentor, Dr Sunpath, who was one of the doctors spearheading these projects, told us of the need to help these patients in all aspects. They needed their HAART drugs, but also needed the physiotherapist to help them exercise their wasted limbs, and spiritual and emotional support for themselves and their family members. Dr Sunpath was a gentle man who looked not a whit like Robin Williams but his approach to medicine was how I learnt that Patch Adams is not just a movie.

There were not just HIV patients alone in McCord. It also had a flourishing Obstetrics and Gynaecology Department where I passed by one morning in search of a speculum to carry out a pelvic examination on my patient in the ward. As I hurried back, speculum in hand, I was accosted by an intern who asked if I could help translate for her. A Chinese couple (the first Chinese I had seen in five weeks in South Africa) had come for their prenatal checkup, and they could only speak Mandarin. It turned out they were from Taiwan, and the mother was obviously relieved at finding a Chinese "doctor" who could speak their language. We were probably the only Chinese medical personnel in Durban at that moment and the odds of me wandering there that very morning of her checkup was so fortuitous that I could only wonder if I had travelled all the way halfway across the globe just to be of service to this young Taiwanese mother who just wanted to know how her baby was doing.

The most special experience at McCord was flying in a Red Cross plane to a rural hospital with our mentor, Dr Sunpath, who served as a visiting consultant there. We met Gloria, a doctor who had worked in that rural hospital for a couple of years, and she shared how there were so many patients sometimes that they were able to see a patient only once in two days. The patients we saw that day had the most florid signs of peripheral neuropathy from HIV drugs, or Kaposi's sarcoma I had ever seen. That day, I learnt what persistence meant, for in the face of these odds – so few staff, and so many patients who were so ill – these doctors pressed on and gave their best effort to the people they served.

Many people know South Africa only as a country where crime and HIV prevailed. Of course there were many things to be careful of such as not travelling alone, or being doubly careful with universal precautions when we did procedures. Yet the six weeks spent there taught me much that I probably could not have learnt in any other hospital. I learnt lessons about the heart of medicine – what it means to care for my patient as a person, regardless of the stigmata of the disease or the odds against the patient and me. I met many people whom I fondly remember today for their strong spirit – Mum Ornie who cared for a large family of her own, and yet took a minibus each day to our Doctors' Quarters to care for us; Patrick, a fellow intern sharing his dreams of serving in a rural hospital with his fiancée; Gloria, fighting to save the many patients who came to her each day. This is the spirit of "*Sinikithemba*" – we give hope – a spirit I hope I have brought back to Singapore in the daily grind of my work now as a house officer. ■