

A lifeline for the Bushmen

West Australian GP Dr Cherry Wu heads to Namibia to help treat the San Bushmen.

COMBINING my interests in travel and medicine with an interest in the San Bushmen, I decided to undertake a two-week volunteering stint at the Lifeline Clinic in rural Namibia.

The clinic, which opened in 2006, was five hours' drive from the Namibian capital of Windhoek. Supervision of the clinic and its volunteers relied upon the husband and wife team of Dr Sharon Smart and Professor Ian Purvis, GPs from the UK.

After a long and satisfying sleep on the first night, I began to observe Dr Smart at work, through her Lifeline Clinic consultations. There was no appointment system, and patients were seen in order of attendance, often waiting most of the morning or afternoon.

The first patient for the day was a young Bushman with a large abscessed sebaceous cyst on his right cheek which had grown to 2.5cm, causing him great pain. This was drained and packed. He was of very small stature and weighed 41kg (his normal weight).

The cases that followed ranged from simple upper respiratory tract infections, gastrointestinal infections, skin lesions, common musculoskeletal complaints, pregnancy diagnoses and STIs.

With a prevalence of TB in the region, respiratory infections had to be screened with careful history taking. Often there was a history of treated TB or contact with TB (treatment undertaken at the state hospital with two weeks' inpatient admission to ensure compliance). Apparently there had been no tuberculin available in Namibia for a few months, and diagnosis of TB is from a sputum culture, which can take time. During the first week of my stay, the local state hospital had commenced PCR testing of the sputum for TB.

Professor Purvis, as his title suggests, has a keen interest in research and has commenced some preliminary work on research into TB screening, diagnosis and management in the Bushmen. The prevalence of TB in this group of people is higher than in the rest of the population. It is poorly managed and largely not addressed. Professor Purvis is in the process of obtaining funding for the clinic to better diagnose



Discovering dunes: Dr Wu in Namibia.



Patient waits to be seen in the Gobabis emergency department.



Dr Wu with colleagues outside the Lifeline Clinic.

and treat TB in the Bushmen, asking for help with research from medical student volunteers – a good project for volunteers.

The Lifeline Clinic was able to provide simple frontline general practice care for the Bushmen. It managed serious life-threatening cases and neglected health conditions with the potential to become fatal. Dr Smart and Professor Purvis did everything possible to have these cases treated, visiting them in their huts, driving them to hospital, talking to relatives, talking to hospital specialists to advocate for their right to be cared for appropriately.

One of the more serious cases involved a 15-year-old

intellectually disabled girl who suffered severe burns to her feet. She caught her feet in the fire after suffering from an epileptic seizure a week before she came to the clinic. She was neglected by her family and was brought in by neighbours. She had infected feet with areas of necrosis and required hospitalisation. We spent some time looking for her father, then drove to the emergency clinic of the hospital, about three hours' drive away.

We stayed to hand her over to the doctor on duty to ensure she was admitted, since language and cultural barriers often mean Bushmen are mistreated or not taken seriously.

Another case involved a man who had been ill for several months with a chronic cough, swelling neck glands, weight loss and ankle swelling. He had the clinical signs of TB but the state health clinic requires a positive sputum culture for acid fast bacillus before it considers treating the patient. Despite numerous attempts to get a diagnosis, we were unable to get a positive result even with an admission into hospital, and his condition deteriorated. Eventually, a positive sputum was attained, and he started treatment for TB.

The clinic treats simple health problems daily, but there are many serious cases and lives

saved. There are so many obstacles to providing the high standards of care that we expect in developed countries; each day the doctors must advocate for that care while providing essential health education.

I saw first-hand what could be achieved with a positive attitude and perseverance in the setting of very limited resources, prejudices and bureaucratic obstacles.

Dr Wu's program was arranged by DocTours Voluntary International Programs.

Volunteer Profile



NAME Dr Cherry Wu

ASSIGNMENT LOCATION Namibia

ROLE Volunteer at rural Lifeline Clinic, Namibia

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