

Medicine Without Borders

By Minoo D'Cruz MD

In an overlooked corner room of Webuye County Hospital in western Kenya, I am seeing patients with Dr. Hussein Elias in clinic as part of his third-year residency outpatient rotation. A fifth-generation Kenyan who completed medical school in Russia (after only a few months of intensive Russian classes), he maintains an infectious enthusiasm for his work despite the many anxious and ill-appearing patients waiting to see him.

As is common in Kenya, Hussein worked for several years as a general practitioner in various settings around the country after his internship year, before he decided his career was "stagnating" and chose to pursue his residency or Master of Medicine (MMed) degree in family medicine at Moi University. As the only residency based at this rural community hospital, Hussein and his co-residents manage complex cases every day across the clinics, wards, and operating rooms using limited and unpredictable resources.

I am privileged to be in Webuye working with my Kenyan resident counterparts as part of the AMPATH (Academic Model Providing Access to Healthcare) educational exchange program between Moi University and several North American institutions, including Brown, one of the original members. Since 2005, the AMPATH family medicine collaboration has provided a transformative experience for Brown trainees in Webuye. Despite the confidence gained in my clinical skills back home with each year of residency, seeing patients with Hussein in his clinic is a humbling opportunity to reflect on my own practice.

Our next patient is a 53-year-old female with stage III cervical cancer here for follow-up. Her prognosis is poor, despite several rounds of chemotherapy in neighboring Uganda, made possible by selling her only piece of land. With low rates of cervical cancer screening and awareness, the disease ranks as the most frequent cancer among women in Kenya, and survival rates are generally low because by the time many women see a doctor, the disease has advanced. Hussein is acutely aware of her dire situation, yet his eyes light up in anticipation when her paper chart is handed to him.

Earlier this year, Hussein's program director chose him to head the hospital's fledgling hospice and palliative care program. With no hospice facility in the county and only one dedicated staff nurse, this was not an easy task. He quickly realized the significant need for palliative care in the hospital's catchment, and through his own initiative he applied for and received a grant to train health care workers across the county to improve awareness and create linkage to care.



Hussein steps out to invite the patient, accompanied by several family members, into his office. She appears frail but smiles warmly as she takes a seat. He greets her affectionately in Swahili. At the last visit, she had learned for the first time about the terminal nature of her illness. Hussein tells me she was upset but also relieved to find out she could choose to continue aggressive treatment or not. She returned today with her family to meet the doctor who was honest with her and helped bring some happiness to her life again.

Many thousands of miles away from my own clinic, I am reminded how some moments in medicine seem to transcend all borders.