

Virtual Mentor

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PERSONAL NARRATIVE

Physician Profiles in Africa

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When I came to Eastern Africa, I was not sure what to expect regarding my colleague physicians. I have been pleasantly surprised by most of the physicians I have met in Eastern Africa. Since some of you may be contemplating a career or experience in international work, I have decided to profile several of the physicians I have met.

Dr. S., an American, is an important medical consultant to Peace Corps Kenya. He went to medical school in Chicago and completed both his residency in Internal Medicine and a fellowship in Cardiology in Seattle. Now in his fifties, Dr. S. has spent most of his career practicing in Nairobi. He has developed a well-respected group of Kenyan physicians. Dr. S. seems genuinely happy with his practice and his life. Observing him in his consultations, I noted that he uses less confirmatory testing than is customary in the US, which may be a blessing since most people do not have insurance and pay out-of-pocket for their health care. Dr. S. is well known throughout the country as "the President's personal physician," a position that has embroiled him in some messy politics in the country. My impression is that he would enjoy less prestige and demand for his services were he to return to a practice in the US.

Dr. K. is a Kenyan who went to medical school at Nairobi University. He did six years of surgical training at the Medical College of Wisconsin and holds both General and Cardiothoracic Board Certifications in the US. He met his wife during his surgery training when she worked as an ICU nurse at the University hospital. She now manages his office as well as raising their children. He could return to the US to practice but prefers to stay in Kenya. The volunteers who see him are initially taken aback by this obviously Kenyan male who speaks English with a mid-western American accent. He is trying to develop a cardiac surgery program in Nairobi, but is frustrated by the lack of skilled nurses and technicians. Most people here think of South Africa as the place to go for cardiac surgery. He reminds me of some of the well-trained surgeons I met in small communities in rural northern California. They wanted to use the advanced skills they had received in their training and often resented the implication that you get better care for major surgery in the large urban hospitals.

Drs. D. and M. represent the best of the United States contribution to international health through the Centers for Disease Control. I have been surprised by the large

CDC presence in Eastern Africa. These two physicians typify the epidemiologist-researcher in international health. Their predominate focus now is on HIV / AIDS. Dr. M is a pediatrician-epidemiologist whose area of interest is maternal-child transmission of HIV. His wife is a social worker, well known for her leadership in several programs in Eastern Africa targeting HIV prevention. They have two children who have been raised around the world and are now in high school in Nairobi. Both have spent their entire careers, except for some obligatory time in Bethesda, in overseas countries, seem very happy with their career choice, and feel a sense of accomplishment from their professional lives.

Dr. H. at 64 heads a major project on reproductive health in Kenya and devotes much effort to marketing his dream to various funding agencies. He envisions an Africa-wide initiative to develop leadership in HIV / AIDS programs based on the US Peace Corps model where African volunteers would be trained, supported in their work for two years in another African country, and then returned to their own country. His enthusiasm when describing his proposal is infectious. I understand his rationale for selecting the Peace Corps model, since I am witness to the tremendous impact the US Peace Corps has had on the development of leadership. Many current employees in the State Dept. and US Agency for International Development are former Peace Corps volunteers, including three of the five US ambassadors in the countries I cover. Dr. H's wife heads a major US program in Pakistan, so the couple maintains a long-distance marriage. He has training in pediatrics, has taught international health in a US medical school, and has worked all over the world in both government positions and with many of the non-governmental agencies (NGOs) involved in health projects. I again sense a happy person who believes he has made a difference through his work, and is still excited about international health projects.

Drs. M, G, and S. are colleagues of mine working for the Peace Corps in Africa. Drs. M. and G. came to Peace Corps from the Indian Health Service. The commitment they have for under-served populations is met by both their previous and current jobs. Dr. S.'s story is a bit different. Following medical school and Internal Medicine and gastroenterology training in the US, she had a private practice for a while and then moved into increasing responsibilities in a managed care company. Becoming disillusioned with this, she came to Africa. She has some wonderful stories about her experience as a black American woman in a position of responsibility in Africa. She is married to an African man whom she met in the US, and they are raising their children in both cultures.

Drs. G. and H. are American physicians working in Kenya as part of religious missions. Dr. G. is an ophthalmologist who divides his time between a practice in Oregon and directing an eye institute near Nairobi. He is fascinated by the pathology he treats in Kenya. He plans to return full time to the US sometime in the future. Dr. H. is here on a two-year mission commitment. He is an orthopedic surgeon who acts as Chief of Surgery in a mission hospital that serves a rural, poor

population. Both of these physicians receive much personal satisfaction from using their skills in service to humanity.

The conclusion I come to is that all the physicians I have described are happy with their lives and find gratification in what they are doing. In the US, I became tired of belly aching by physicians. I too often heard comments like, "I am just putting in my time until I can get out of practice." Many seemed to look for a villain for their unhappiness and managed care seemed an easy target. They seemed to dwell on their loss of income when they were still in the top five percent of wage earners in the US. Most disturbing to me personally were comments that they did not want their sons or daughters to go into medicine.

Now my advice. If you find yourself sharing that level of frustration, do something about it. There are opportunities throughout the world where your skills are needed. Working overseas may not be the answer for everyone, but it works for the physicians I have profiled.

Robert Davidson, MD, MPH is professor in the Department of Family and Community Medicine at University of California, Davis, where his interests include both rural health and the organization and financing of health care systems. In the past few years, he has served as both the Director of Rural Health and earlier as the Medical Director of Managed Care for the UC Davis Health System. *Out of Africa* is an on-line journal of his odyssey in the U.S. Peace Corps as the area Medical Officer in Eastern Africa.

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