The ASA Committee on Global Humanitarian Outreach sponsors a Resident International Anesthesia Scholarship Program that sends CA-3 U.S. anesthesiology residents to a low-income country for a month. The goal of the program is to embed the resident into the clinical and anesthesia educational program in order for them to more fully understand the challenges and realities of anesthesia care around the world. The residents have the opportunity to interact with local anesthesia, surgical, nursing and other colleagues and participate fully in educational activities. Our goal is to introduce residents to the global anesthesia crisis and motivate them to be a part of worldwide solutions to these complex problems. The following report from three of the 2016-17 scholars gives a glimpse of the value of this experience and the larger work of the GHO committee.

— Elizabeth T. Drum, M.D., FAAP, FCPP

Even within the city limits of the small town of Mbale, Uganda, the stark contrast in anesthesia care available due to global health disparities is a harsh one. Following a morning providing state-of-the-art anesthetics for infants with neural tube defects at CURE Uganda, an NGO neurosurgical hospital, the evening’s surgeries at the local public hospital present a different, sobering reality. Reaching 100°F inside the sweltering operative theater, sweat pours through the dark green caps and masks we are wearing. Outside, the surgical team can be overheard discussing their plan as we position the small child on the table. We connect the monitors that we have available and prepare to initiate a halothane induction. Thankfully, we have a Lifebox pulse oximeter to connect, something to provide at least minimal data. The suffering patient, nearly overwhelmed from pain caused by his incarcerated hernia, lay on the table in agony. My own stomach is churning at the fact that I have no medications to provide appropriate analgesia. We place the mask over his small face, attempting to console the child as he breathes in what will be his sole anesthetic. There will be no end-tidal CO₂ or concentration of inhaled agent, no automatic BP, no EKG – if not for the “beep, beep, beep” provided by the Lifebox, there would not be any monitors, period. Then, just as the little boy begins to deepen, something happens. Our machine falls silent, the previously dim-lit room now nearly black. Central power and the generators have failed.

A glimpse. Just a glimpse of the everyday life of anesthesiologists in resource-limited countries around the globe. The fearless few, who despite the challenges, have chosen to dedicate their lives to providing the best care
Scholarship Recipient Experience in Uganda

possible in the direst of circumstances. As recipients of the 2016-17 ASA Resident International Anesthesia Scholarship, the three of us were given a first-hand account of just some of the issues they face daily. We were confronted with situations long-since forgotten in the developed world and were challenged to rethink our views on administration, allocation and utilization of resources be they human, financial or related to health care.

Initially slated for travel to Addis Ababa, Ethiopia, we would quickly meet our first obstacle. Due to political unrest, it was deemed unsafe for travel. A search for a new, acceptable and safe location was initiated and, ultimately, CURE Children’s Hospital Uganda was chosen. CURE is a neurosurgery subspecialty hospital with a primary focus on children with hydrocephalus, neural tube defects and brain tumors. The hospital’s founding medical director, Dr. Benjamin Warf, pioneered endoscopic third ventriculostomy and choroid plexus cauterization, which together represent a minimally invasive alternative to traditional shunts. In 2016, CURE’s two Ugandan neurosurgeons performed 1,110 surgeries and treated 5,774 outpatients.

During our one-month rotations, we each spent time at CURE and the Mbale Regional Referral Hospital (MRRH). MRRH is the local government hospital that serves the Mbale region and its nearly 4 million inhabitants, providing much of the obstetrical, gynecological, general and trauma services. Although it lacks many of the material resources of CURE, it is affiliated with a medical school, Busitema University, and is helping to train the next generation of Ugandan physician leaders. Together, the hospitals are staffed by the only two Ugandan anesthesiologists in the region as well as an intrepid team of anesthetic officers. Currently, 60 anesthesiologists serve Uganda’s 38 million people, with the majority of the anesthetic care provided by anesthetic officers. It was particularly inspiring to participate in the training of medical students at Mbale’s Busitema University. Moreover, the two local anesthesiologists, supported by a British anesthesiology registrar, are making tremendous headway in advancing the specialty of anesthesiology in Uganda. Since 1986, the number of anesthesiologists in Uganda has increased from two to a total of 60, with more than 80 trained in total.
U.S. anesthesia protocols and guidelines are regularly utilized and referenced in Uganda, which serves as an important reminder of the far-reaching impact of our research and quality improvement work. Remembering that ASA’s mission is to “Advance the Practice and Secure the Future,” we recognize that as anesthesiologists we have a crucial role to play in developing and securing the future of anesthesia both locally and around the world.

The ASA scholarship embedded us within two dichotomous hospitals reflective of the Ugandan health care system where we acted as consultants at both a municipal hospital and an NGO-backed specialty referral hospital. By working alongside Ugandan anesthesia providers, we grappled with the same issues they confront on a daily basis. Living on site at the CURE Hospital allowed us each to become a known and trusted member of the team and allowed for rich cross-cultural communication.

Our time in Mbale provided unforgettable memories. We experienced novel challenges ranging from transporting 150 pounds of medical supplies to halothane inductions. We participated in resuscitations that lacked blood bank resources, we sat with patients in makeshift PACUs that lacked any monitoring. However, it will be the relationships we forged and the experiences shared that will forever remain with us. On the last night in country, as we were preparing to leave, a toast was given that sums up the entire experience. It was said, “We may not have a lot of money in Uganda, but we do have a lot of friends. And you will always be our friends.”

In a world that is seeming to draw inward, this scholarship serves as a vital reminder of the need to engage with those with different experiences and circumstances than our own. For each of us, the ideas exchanged, friendships made and partnerships developed in Uganda will influence our careers and broaden our horizons throughout our entire lives.

We would like to take this opportunity to thank ASA, CURE International, our respective institutions and our families for making this incredible experience possible. Most important, we would like to express our gratitude to the citizens and health care workers of Uganda. They were ever-welcoming and always generous, and we already miss them dearly.

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Left: (From left to right) Dr. Justin Onen, staff neurosurgeon at CURE Uganda, and Dr. Emmanuel Wegoye, CURE’s current neurosurgery fellow performing a procedure at CURE Uganda.

Dr. Adam Hewitt-Smith, right, assists an anesthetic officer with mask ventilation at the Mbale Regional Referral Hospital.