



The South African Academy of Family Practice's Rural Health Initiative (RHI) is proud to be able to bring you the following section of the journal, that will concentrate on issues pertaining to rural health in South Africa. We hope to provoke discussion on these issues and would encourage anyone interested in rural health to offer contributions to future issues.

☼ Rural Medicine in Namibia: The story of Frans at Opuwo ☼



During the school holiday of June/July 2002, we were touring in Kaokoland, Namibia. On the morning we were to leave Epupa Falls my son, Frans (21) sat down clutching his head. He had a terrible headache which started as a severe shooting pain whilst he was loading the vehicle. He lay down for a while. After 15 minutes he was shivering violently and clutching his head. By then we knew something was seriously wrong. The camp manager told us that the nearest town where we would find a doctor was Opuwo – and then only at the State Hospital. We started a harrowing trip. My husband drove like a madman on roads that were hardly more than tracks, while our son lay writhing on the backseat, clutching his head desperately, mouthing silent words of pain.

We got to the hospital in Opuwo at about 11h40 after a trip of two and a half hours – a trip that normally takes up to 4 hours. I stormed into the Casualty Ward. There were 3 Nursing Staff chatting. I asked for a doctor urgently. The nurses took Frans's blood pressure – normal; his temperature – slightly below normal. They asked to borrow my watch to count his heartbeat – slightly faster than normal. Again I asked for a doctor. The nurses remembered that the doctors were operating – they should be finished shortly. Time passed slowly. They took a blood sample for malaria. During all this, Frans was lying on the bed with his eyes closed. We were

ordinary and we could not understand why the nurses did not have the same sense of urgency. A nurse phoned the theatre at short intervals. At last she went out and came back with a doctor – about an hour after we have arrived at the hospital.

It was a young Dr Marco Linden. He came to the bed, asked what happened, where is the pain, how did the pain start – suddenly, as being stabbed by a knife; did he ever had this kind of pain before – no; any history of migraine or epilepsy – no. He tested whether lifting the patient's legs and bending of the neck would make the headache worse – it did. He studied the card with his vital signs and then left the ward. He came back immediately with an ophthalmoscope and looked into Frans's right eye. He went to the desk, phoned someone and wrote something on a card. A woman came in, read on the card, closed all the curtains and had a look in Frans's eyes as well. She went to the doctor and wrote something on the card. Dr Linden came to us and explained that the history, the absence of fever and his findings with the physical examination made him think of the diagnosis of sub-arachnoidal bleeding (SAB). He wanted to confirm the diagnosis by fundoscopy, but because he was not very experienced in doing this, he asked a nurse specialized in eye diseases to repeat his examination. They were both uncertain about visible blood in the eye-nerve but confident that

there was oedema. As this confirmed his suspicion of a possible SAB, he would like to know if we have any medical insurance, because he would like to request an airlifting. Within 15 minutes of entering the Casualty Ward, Dr Linden has made the diagnosis and has decided on the manner in which the patient should be treated.

I phoned Europ Assistance and gave all the relevant details. Dr Linden tried to locate a neurosurgeon in Windhoek, but none was available. He explained the situation to Europ Assistance, – he could do nothing but stabilise the patient. It was decided that Frans would be airlifted to Cape Town. Opuwo is so remote that they could not even find it on the map for the plane! A family friend located and contacted a neurosurgeon in Bellville, Dr. Deon Lamprecht, who made arrangements for admission and indicated that an angiogram would be done. Dr Linden set up a Ringers Lactate IV-line, a urinary catheter, and gave Frans, an injection of 50 mg Pethidine. It never occurred to us to doubt Dr. Linden's diagnosis. In fact we suspected either meningitis or some kind of haemorrhage all along. We were naturally very upset but also in a way relieved that the diagnosis had been made and that the practicalities were being sorted out. Dr. Linden was kind to us and did not tell us the enormous risk of such a bleeding, or any of the horrific statistics of SAB patients.

At 16h00 the "ambulance" arrived – a bakkie with a canopy and a mattress in the back – and a spare tyre! Dr Linden sat in the back of the bakkie with the patient. The pilots of the Netcare 911 Beechcraft Kingair joked about the fact that there were no cattle on the airstrip – only one donkey. We had strict orders from the doctor to keep all eyes out for the donkey – in case he made a move towards the plane! The plane left Opuwo at 16:30. The rest of the family set off on the long trip back to the Western Cape by car.

We landed at Windhoek to refuel and for Immigration for about 30 minutes, leaving at 19h00. About an hour after the flight started, Frans was very restless. They changed his IV-line, because his blood pressure was mounting. They also took out the catheter because it was causing a lot of pain and distress. He received oxygen throughout the trip. He never complained of pain. On arrival (22h15) at Cape Town Airport, the ambulance was waiting. We arrived at the hospital at 22h45. Fourteen hours after Frans fell ill in the most northern part of Namibia, he was in a hospital in Cape Town.

Frans was taken for a brain scan immediately. Our second daughter, an ICU-nurse and her husband, were waiting at the hospital. Dr. Lamprecht explained to us after the scan that the scan showed nothing, that they were going to do a cerebral angiogram the next day, that Frans had the classic symptoms of a cerebral aneurysm, that he showed all the clinical symptoms of having an irritated brain and that he would most probably operate the next day. I have never met this man, I have never heard of him, and he was going to do brain surgery on my son? So I asked him – are you good? And he answered, very calmly, that he most probably does the most aneurysm operations in Cape Town as he also operates at Tygerberg Hospital. I was satisfied.

The next day they had some trouble to find the aneurysm as there was a vein on the outside of his skull that obstructed the exact spot they wanted to examine. But once Dr. Lamprecht had seen the X-rays, he decided to operate immediately. Dr Lamprecht explained to me all the complications that could happen – and only then did I fully realise the enormity of the situation. The only guarantee he could give me, he said, is that he would do his best. He is a kind man with a quiet, soft-spoken manner and he took time to listen to all my questions, he answered and explained patiently and by doing so ensured that I trusted him explicitly. I will never forget how devastated I was when we had to say goodbye to my son prior to surgery – not knowing if I will ever see him alive again, and if so, in what condition. The operation started at 16h00. My husband and the other children finally arrived at the hospital at 19h00 after 24 hours of non-stop driving to reach Paarl. We were very tired and emotional.

They wheeled Frans out of theatre around 21h00. The staff and doctors were smiling and Frans was not on a ventilator – all

positive signs. Dr Lamprecht told us that he was satisfied with the operation, they have located the aneurysm and have successfully ringed it, Frans has already said his name, pressed with both hands and wriggled the toes of both feet. The next 3 days were crucial, many things could still go wrong, but with each passing day the chances of a stroke would be diminishing. Then he told us something of staggering magnitude. When Frans got this severe pain the previous day, the aneurysm had squirted some blood, but because he is still young with a big brain, the brain had stopped the bleeding spontaneously. In his opinion the aneurysm would have ruptured massively within the next 3 – 7 days – most definitely with loss of life. He gave all the credit to Dr. Linden for saving our son's life. It is not something one would look for in so young a patient, and the speed and efficiency with which the diagnosis was made, impressed him tremendously.

We have survived the crucial 3 days; we have survived another three months. He is back at University, still tires easily, studies slower and the concentration span is not long, but he is alive, mentally alert, and remembers everything. There are at this stage no signs of any neurological deficiencies. I spoke to Dr. Lamprecht some time after all this happened and said that this whole episode has given me more faith in the medical services of SA. And he said: "In SA there is still much to be thankful for – we are still world leaders on many aspects of medical services."

In retrospect it is very interesting to see the whole picture and observe exactly how efficient the system worked – even though the medical situation in rural areas are far from perfect. Dr Marco Linden is from Holland and married to a woman of SA descendency, also a doctor, both 31. Both were educated at the University of Maastricht in the Netherlands. They have worked as volunteer doctors at Opuwo State Hospital since February 2000. In July 2002 there were 5 doctors working at the hospital, none of them Namibian or from SA. The hospital is structurally sound, although in need of a coat of paint. The Casualty Ward has three beds and doubles as the consulting room. The linen is clean but frayed and threadbare.

Opuwo Hospital is a 92-bed hospital with a paediatric, male and female ward –including maternity and neonatology. It serves a district of about 65000 sq. km. (one and a half times as big as The Netherlands) with approximately 45000 inhabitants. The infrastructure is poor – most areas can only be reached by tracks

and some areas cannot be reached by car at all. The doctors also serve the 12 clinics. Every clinic has at least one qualified nurse and the doctors try to visit the clinics once every month – when there is a car available! In Namibian State Hospitals patients are seen and mostly treated by a nurse and are only referred to a doctor when the nurse cannot handle the case. At Opuwo Hospital elective and emergency surgery is done. As none of the doctors had full surgeons or anaesthetics training, they often are all in theatre at once, sharing their knowledge on the principles, procedures and skills of anaesthesia and surgery – which of course explains the time lapse before we saw a doctor. Cases that cannot be managed in Opuwo – are transferred by a 4 x 4 vehicle to the nearest referral hospital, which is a trip of about three and half-hours, mostly over gravel roads.

In this outback emerges a brilliant young doctor who treats patients with the bare essentials, who makes quick and correct diagnoses, who saves lives by using his knowledge and wits, who takes pride in his hospital, even though it lacks many things and is far from perfect. Why is he there? Why is he not looking for the mega-bucks that are so important to the young South African doctors? Maybe because he still believes in the ethics of being a doctor. Just as Dr Lamprecht, a neurosurgeon in his prime, stays in SA, operates in Tygerberg Hospital and feels that there are many things to be thankful for in the SA medical milieu. Maybe because he too still believes in the ethics of being a doctor. Just as all the efficient para-medics, the ultra-efficient and sympathetic nurses, and the many doctors in rural hospitals with only the bare essentials keep a medical system going under heavy odds – because they believe in what they are doing. I salute you and wish there were more of your kind – because you are the backbone of a medical system with many deficiencies in a country we all love.

Gerda Kellerman

Response from colleague who has worked at Opuwo.

Everything about your article is true of Opuwo. I spent four years working in Opuwo and The Lindens worked with me for about 18 months. The couple is very talented, hardworking and dedicated. I enjoyed every moment of our working together. I learnt a lot from and respect them. All that you said about him (Marco) is correct and I wish many of us Africans will emulate him.

Dr. A A Alagba.