



Working in resource-poor settings

I have now been recovering from resource-poor settings for several years. It has been a slow recovery from 22 years of victims of motor vehicle accidents arriving at midnight, the 2h00 child with acute asthma and the 4h00 Caesarean section in various rural hospitals.

I had become accustomed to the life of rural medicine and with making do with whatever was available at the time. Because of the lack of facilities and staff, it was often difficult to live and work by the criteria that we were taught at medical school. Research seems to show that we believe in one way of working, but in fact we often end up working in another way.

In such settings, it is often difficult to speak one's personal truth for purely selfish reasons, such as the survival of oneself and one's family. It is a rare person who will rebel against authority or society when the loss of one's job is the price of dissent. One also does not speak out out of respect for others in the team, and knowing the pressures that the managers are under.

Physicians working in rural areas often have to make clinical decisions based on very different criteria and circumstances than their urban colleagues. Clinical decision-making is often influenced by the availability of manpower and expertise, as well as access to equipment and drugs, and the ever-present problems of time pressures and transport. Many decisions have to be made by fatigued doctors at weekends or at night, with minimal or no back-up.

Ethical dilemmas arise when having to balance the benefits of intervention against the harms or risks of the intervention or decision. Wider issues of distributive justice and right-based justice are a continual background concern, especially in the general delivery of health care to rural populations.

Many decisions depend on distances. A rural hospital that is one hour's drive from a district hospital is in fact a three hours' drive by the time you have collected everything at your end, and they have acquired and processed everything at the receiving end. This is usually too long for a maternity delivery, a deteriorating asthmatic child or an intra-abdominal bleed.

My anguish has always been that with a little bit more money and organisation, most of these problems would be solved. It only requires a small investment in the structures that are already present for a big return. What frustrates most doctors is that they are the ones working hands-on in the clinics, wards and theatres, and if they were canvassed, they would have many innovative ideas for the improvement of overall patient care. No-one likes to work in an inefficient system that can relatively easily be fixed.

Doctors are not usually very keen to venture outside the safety of our clinical work, but at times, we need to wearily approach the administrators and politicians. It is never easy for an administration to change its ways, in any part of the world, in any system of government. As you know, the newest element known to science is "administratium", which has one neutron, 12 assistant neutrons, 75 deputy neutrons and 111 assistant deputy neutrons, which are held together by morons. A small amount of administratium causes a reaction which takes several months to complete, when it would normally take less than a two-minute phone call.

With this management inertia, what does a discouraged working doctor do in a failing system, and how does he or she fix the system from the bottom upwards?

A resource was written in the 6th century BC by a general called Sun Tzu in a text in Chinese called *The art of war*. Much of the text is about how to fight wars, without actually having to go into battle. Working doctors are not usually exposed to the jungle warfare of medical politics and the invisible swordplay that occurs in warfare with the departments of health. Sun Tzu said that "all warfare is based on deception", which does not sit well in a profession such as medicine. He was actually the originator of the SWOT analysis (strengths, weaknesses, opportunities and threats). He was also advanced in his ideas because he carried out his SWOT on the enemy's position, as well as on his own strategies.

To quote, he said:

"If you know your enemies and know yourself, you will fight without danger in battles.

If you know yourself, but not your opponent, you may win or may lose. If you know neither yourself nor your enemy, you will always endanger yourself".

Two of his main strategies were what he called manoeuvring, where he firstly explains the dangers of direct conflict, and secondly, the strategy of tactical disposition. I have always been impatient to change things straight away, but now looking back, I see that this is usually not the way of the world. As Sun Tzu advises us, the most important strategy is to defend your existing position until you can advance it, and to recognise opportunities when they occur.

I shall now retire to a defensive position and wait for the opportunities.

Dr Chris Ellis

Family Physician, Pietermaritzburg, KwaZulu-Natal

e-mail: cristobalellis@gmail.com