

Lessons of Global Proportions

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After a two hour ride, we have arrived at our home for the next few days – a village on a hillside in rural Honduras where a cement block primary school has been turned into a makeshift child health screening site. I gingerly unfold myself from the cramped but privileged spot behind the water bottles in the back of the truck. I am met by one of our 4th year medical students who arrived yesterday and has been out and about visiting homes and drumming up business. She is weeping and angry, demanding that I do something to fix the situation she has gotten herself into. Last night she made friends with a family from another village and convinced them to come to the clinic. She ate their tortillas, slept on a mat in their home, and walked down the hill with them this morning. Her understanding was that the health screening was free – a chance to see a doctor, get a toothbrush and worm medicine, and even a blood check for anemia. However, the local health committee’s belief is everyone should pay something--that nothing in life is free. Many children need to be screened and resources are scarce.



The simple answer is to secretly pay the fee, but, to this student, it is an issue of trust, integrity, and compassion for the woman who left her field for the day and carried two of her children to stand in this line. Together we negotiate with the committee and I watch the medical student regain a sense of self and attitude of advocacy for a patient caught in a system which should serve rather than create barriers. I get a glimpse of how she will have the strength to do that again one day, when she is in practice and her middle-aged patient with diabetes is laid off, loses his insurance, and can’t fill his insulin prescription.

Postpartum hemorrhage now has a face. The woman who arrived at our doorstep tonight rode three hours in the back of a truck. She is pale but conscious, with a retained placenta, and her baby in her arms. The resident and student on call for the night wake me up when she arrives. The Honduran physician who lives and works here is already there and placing an IV. We give the woman oxytocin, gently deliver the placenta and massage her uterus until the bleeding slows.

During two weeks of didactic classes about global health in Chapel Hill, before our trip to Honduras, we discussed statistics and priorities for health and large scale evidence-based solutions. Maternal mortality is the health indicator with the greatest discrepancy between wealthy and poor countries. It is a marker for both health care access and quality. One in four women who die during pregnancy or childbirth does so from postpartum hemorrhage. The average time it takes to bleed to death, leaving babies and families behind, is less than two hours. Active management of the third stage of labor, including a dose of utero- tonic medication reduces this risk by two thirds. Nonetheless, many women die in their homes after an unattended birth with no chance to receive even this low-risk, low-cost intervention. Others die on the way to a health post or district hospital after hours of delay trying to gather money and a means of transport. As we debrief what happened with the woman tonight and how this near fatality could have been prevented, we are confirmed in the need to be “upstream Samaritans” – working on prevention, on access to health care for all, and the promotion of safe affordable solutions that save lives.

A week later, after a busy day at the Shoulder to Shoulder Clinic in Santa Lucia, most of us are crashed on bunk beds drifting off to sleep in sweltering heat under inefficient ceiling fans. Eighteen medical students, six residents, and another six faculty physicians sharing joint living space for a couple of weeks provide ample opportunity for understanding Myers-Briggs personality typing. As conversations dwindle, the students leaving for a village visit in the morning are organizing their belongings in mostly fruitless efforts to create external order in this unordered space. Being a team is challenging.

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