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Honorable Walter T. Gwenigale, MD
Minister
Ministry of Health & Social Welfare
Republic of Liberia
Monrovia
Liberia

Dear Sir,

I had the privilege from 5th to 7th of November this year to run a Conference at the JFK Hospital for Liberian anaesthetic nurses. My team consisted of four consultant anaesthetists from the UK, Dr Stella Eguma who had been working at the JFK Hospital in Monrovia for the past two months, and Dr Sarah O'Neill who is at present working on board the Africa Mercy. We were delighted that Dr Moses Pewu from your Ministry was able to attend the opening ceremony.

I would like to draw your attention to various issues concerning the provision of anaesthesia in Liberia. These include the current staffing situation and training of new anaesthetists, provision of vital drugs and disposables and pre- and post-operative care of patients.

Staffing levels

As I am sure you know the only training facility for anaesthetic nurses in the country is at Phebe Hospital & School of Nursing. There are currently six trainees in the first year and three in the second year. But in Monrovia no-one has graduated in Anaesthesia since 1983. The youngest anaesthetist is 46 and five anaesthetists at JFK have been brought back from retirement to help the staffing crisis. LANA (Liberian Association of Nurse Anaesthetists) was reactivated in November 2007 during the first Liberian anaesthesia conference (Nov 15-17) under the effective chairmanship of J.Garrison Kerwillain who works at Redemption Hospital.

Training

Dr Stella Eguma is an experienced and highly competent consultant anaesthetist from Nigeria who also possesses appropriate teaching and management skills. She is funded I believe by the World Bank and has been working at JFK since September this year. She has been asked to start training anaesthetic nurses and has agreed to take on 10. I think it would be very helpful if the World Bank or other organisations could be approached to see if they would

fund one if not two more consultant anaesthetists to help Dr Eguma. I gather that the President's son, Dr James Adama Sirleaf, who is an American trained MD, runs an organisation called HEARTT, which presently helps provide ER doctors and paediatricians from the USA to work at JFK. I wonder whether it might be possible for this organisation to also consider supplying anesthesiologists on a similar basis?

I think it may prove extremely difficult for only one person to look after 10 new anaesthetic practitioners. Dr Eguma's post is only for one year so it would certainly be appropriate to bring someone new in before Dr Eguma returns to Nigeria. Another suggestion to try and raise the profile of anaesthesia in the country is that all medical students and also perhaps surgeons in training could spend at least one month of their curriculum doing anaesthesia which would allow them to understand the issues which arise in patient care from the perspective of the anaesthetist. Dr Sarah O'Neill who is presently working on board the Mercy Ship is trying to arrange to do a few days teaching for the new intake of anaesthetic nurses prior to the departure of the Mercy Ship in mid December.

Another Conference

I am considering returning to Liberia sometime in 2009 to run another conference which I would like to do on the topic of 'Peri-Operative Care'. This would include both pre-operative care and optimisation of the sick patient by surgeons and anaesthetists working in harmony and post operative care by nursing staff. In my experience in various West African countries a patient may die because there is no post-operative recovery area. The patient is usually taken straight from the operating theatre back to the ward where the hard-pressed staff often have difficulty monitoring them. In the UK we have post-operative care areas in the theatres where specially trained nurses look after the patients prior to their return to the ward, making sure they are fully awake, breathing adequately, maintaining their oxygen saturation, in no pain and not vomiting. The team I intend to bring would include anaesthetists, surgeons and post-operative recovery nurses. One of the aims of the conference would be to suggest how important it is for surgeons and anaesthesia providers to communicate with each other for the benefit of the patient.

Supply of drugs and equipment

Another major issue among the anaesthesia providers is the supply of basic anaesthetic drugs and disposable equipment like anaesthetic tubes, intravenous cannulae and spinal needles. It seems that some hospitals rely on NGOs to supply these basic items. I think it is important that every hospital works out their need for basic drugs and equipment, and submits this to the Government central agency involved well in advance of their current supply running out. I think it is important that the appropriate Government department works with the administration of each hospital to set up a chain of supply for basic anaesthetic drugs and disposables.

Yours faithfully,

Dr Keith D Thomson

(Consultant Anaesthetist)