

The 4th Liberian Anaesthetic Conference 16 - 17 November 2010

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Introduction

Anaesthesia in Liberia is potentially in crisis now that Nigerian consultant anaesthetist Dr Stella Eguma has returned home, she spent 2 years at the John F Kennedy hospital in Monrovia and her departure has left the country, with a population of 3.5 million, without a single physician anaesthetist. In comparison Wales, with a similar population, has 696 anaesthetists half of whom are consultants. Elikem Gagakuma, a nurse anaesthetist from Ghana is now in charge of training for the 17 student anaesthetic nurses at JFK Hospital while at Phebe, the only other training hospital, senior anaesthetic nurses use a structured training programme organised by the Cardiff based charity *Mothers of Africa*.

The Faculty (fig 1)



Fig 1. The faculty

Dr Paul Clyburn (Cardiff)
Dr Alexandra Bojarska (Manchester)
Dr Monica Chawathe (Bridgend)
Dr Vimla Victor (Newport)
Dr Keith Thomson (Basingstoke)
Dr Ashish Wagle (Llantrisant)

Dr Alex and I were representing *Mercy Ships* and the other four *Mothers of Africa*.

Sponsorship

The following kindly assisted:
Mothers of Africa
AAGBI
The Shalimar Trust

Advanced Preparation

The dates were set and flights booked. T-shirts were designed for all conference attendees (fig 2) and ordered from Genesis (www.genesis-uk.com) based in



Fig 2. The conference T-shirt

North Wales. Dr Paul ordered from TALC (www.talcuk.org) enough copies of his new book entitled *Obstetric Anaesthesia for Developing Countries* for every delegate to receive one. The programme was arranged in close collaboration with the local organisers who included Garrison Kerwillain (chair of LANA-Liberian Association of Nurse Anaesthetists) and Anthony Hne using email and phone. Permission was obtained from the senior administrators at JFK Hospital Dr Billie Johnson and Dr Wannie MacDonald.

The Journey

The flight for Brussels which left Heathrow at 0650 on November 14th required an early start, particularly for those who came by taxi from South Wales. The team arrived on time at Robertsfield Airport after an uneventful journey. This was followed by an hour's taxi drive to the Royal Hotel in Monrovia along roads which were much improved since my last visit in 2008. Unfortunately two faculty members from Mount Sinai Hospital in New York were unable to join us.

Day 1

This was spent persuading the senior hospital management to provide a suitable room for the conference and negotiating lunch plans with the catering manager. Team members who took the

opportunity to go on a guided tour of the hospital were particularly impressed with the six new operating theatres and the post-operative recovery ward (fig 3).

However in the latter there were no tra

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Fig 12.
Dr Sherman with
medical students

Perhaps this was because they thought it was two nurses doing the teaching, there now being no medically trained anaesthetists to provide role models in this country with a population of 3.5 million. Alex gave presentations on Pre-operative Assessment and Maternal Mortality in Africa and I talked about Airway Adventures in Africa illustrated by my experiences on board the *Mercy Ships* and also Post-Operative Care which is often poorly done in African hospitals. After lunch Dr Alex ran an interactive PRIME session which they seemed to enjoy.

Dr Sherman and I discussed the feasibility of training two or three Liberian doctors to become anaesthesiologists and hence the future 'leaders' of the speciality in the country. The current medical training in Liberia consists of five years at medical school, one year as an intern and then 3-6 months learning surgical skills prior to spending up to two years in a District Hospital where the new doctor may also be in administrative charge without any specific managerial training. After that they are then free to specialise.

Public Health is popular as it is well funded but at present there is no specialist training for surgery, medicine or anaesthesia available in Liberia. Suitable candidates would have to find a training programme in another English speaking African country like Ghana, Nigeria, Kenya or South Africa. Dr Sherman and I agreed to make enquiries as to the feasibility of interested Liberian doctors training in anaesthesia in South Africa but considerable funding would be required.

In Summary

The feedback forms that were handed out at the Conference gave the majority of presentations the top mark of 5 out of 5 but in the Q&A session most questions concerned what had taken place in the workshops rather than the lectures so our team felt that future conferences in Liberia ought to be more workshop rather than lecture based as this would allow more active participation by delegates.

I would like to commend the excellent job that *Mothers of Africa* are doing at Phebe Hospital where there are currently ten student nurse anaesthetists on a two year training course. For the past 3 years the charity has been sending a team of anaesthetists drawn from several different hospitals in South Wales 3 to 4 times a year – the only drawback is the long drive (4hr +) from Monrovia along a road full of pot-holes.

In my opinion a possible way to make a long term impact on the provision of anaesthesia in the country, especially in Monrovia, is to encourage two or three Liberian doctors to train abroad as anaesthesiologists. In the meantime consultants or post fellowship SpRs who are prepared to spend time working alongside the local anaesthesia providers at JFK and Phebe could make a significant difference. Possibly working for two or three months and overlapping for two weeks with both their successor and predecessor. If UK hospital trusts wished to help they could consider paying staff their normal salary and give them special leave to serve the people of Liberia.

Final Comment – by chair of LANA, Garrison Kerwillain

I write to thank you for the well conducted Anaesthesia Conference in Monrovia this year. I enjoyed it the most. I look forward to other opportunities like this in the future.