

# Residents' page

Jennifer Yau, MD

**G**reetings from Melfort, Sask, a city of 5000 people, where I have been spending a few weeks immersed in rural family medicine. Having been born and raised in the greater Toronto area and having completed my schooling in Kingston and London, Ont, I have found this rural way of life an interesting, positive, and eye-opening experience.

One of the greatest opportunities we have in family medicine is to practise in all types of settings. I believe all family medicine programs across Canada require their residents to spend some part of their training in rural or underserved areas, to experience family medicine away from tertiary care centres.

Although the rural life might not be for everyone, exposure is critical if we are to attract new graduates to rural areas.

This month, Payam Dehghani shares his "rural medicine" experience during an elective in Uganda this past summer. Dr Dehghani offers a fresh and interesting perspective on the objectives of international medicine and how practice in other countries can improve family medicine here in Canada. ♦

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## Medical electives in developing countries

### *Investment for Canada's health care*

Payam Dehghani, MD

**I**am writing 3 weeks into my medical elective at Mulago Hospital, a tertiary care centre in Kampala, Uganda. I am at the brink of ending my first postgraduate year in family medicine and am having an amazing experience in this elective. So far I have done a complete hysterectomy by myself, saved at least 10 children just by putting in an intravenous line, and visited a village where no one had ever before seen a "Mzungu," or white man.

I can show you pictures of myself hanging a newborn by his feet next to his mother who is lying on a sheet soaked in her urine and blood, after I did the cesarean section. I can tell you many stories about how I sacrificed my time, energy, and some extra weight to work in dirty places and save many lives. And I can show you rare souvenirs from the small local shop located on the equator that transects Uganda: exactly 9670 km from the North and South Poles.

Surely performing procedures, expressing altruism, and experiencing adventure are not the reasons that I chose to do an elective abroad. The truth is, I will probably never perform a cesarean section back in Canada; I am not making much difference in the health of the Ugandan people, and if I wanted to experience adventure—well, I should take a vacation. In fact, I feel that doing an elective abroad for such reasons is exploitive, selfish, non-educational, and just wrong. I would argue that there are far more important reasons all trainees in medicine (whether in medical school or in residency) should do electives in developing countries. They include learning to rely on one's own clinical skills, being introduced to an array of infectious diseases, and acquiring an interest in rural medicine.

When was the last time you diagnosed and treated lobar pneumonia by percussion without x-ray examination? Or the last time you had to give blood to a child based on his mucous membranes and pallor? In

the developed world, we usually have the benefit of (and in fact are encouraged in) confirming our clinical findings with further investigations. Unfortunately, this has led to lax clinical skills.

Compared with the Ugandan intern, I was far behind in my abilities to draw conclusions based only on clinical skills. Sure, I had an idea about what the signs and symptoms were pointing to, but I needed the third piece of the puzzle (an x-ray film or a complete blood count) to make a conclusion. An elective in a developing country obliges you to rely on your own history taking and physical examination skills. This is a vital component in medical education for all physicians.

The emergence and re-emergence of infectious diseases are changing the practice of medicine; therefore, students and residents must be exposed to the depth and the breadth of infectious diseases in their training. Our senior surgeon and internist preceptors often tell us how much their practice has changed since the advent of HIV. International medicine shows a striking and disturbing pattern. The main medical issues in developing countries, especially tropical countries, are infectious diseases. Tuberculosis, HIV, malaria, and streptococcal meningitis are rampant in the pediatric, adult, and surgical wards at Mulago Hospital. Many drug-resistant infections do not respect international borders, and their habitat is likely to change with increasing international travel and global warming. Therefore, as future physicians, we should know the array of presentations of these common illnesses.

Finally, medical experience in the developing world can help address some challenges unique to the Canadian health system. Recruitment and retention of physicians in rural settings, as well as a shortage of family physicians, stand out as two of the main gaps in Canada's health care in the 21st century. International medicine emphasizes the importance of preventive medicine and fosters a community-focused and cost-effective approach to health. Exposure, during training, to the practice of medicine in areas with scarce resources and immense medical demands equips you for rural medicine. Encouraging students to pursue international electives could in turn spark their interest in pursuing medicine in a rural area. Perhaps if more Canadian medical schools were to encourage their students to participate in electives abroad, the number of people pursuing family medicine programs would increase.

Encouraging and helping medical students and residents to do electives in developing countries makes better future physicians. Gaining better clinical skills, exposure to the array of infectious diseases, and a potential increase in rural physicians and family physicians is an investment for the Canadian health care system. Thumbs up to programs like Queen's Family Medicine Program for encouraging residents in international medicine! ♦

**Dr Dehghani** is a second-year resident at Queen's University in Kingston, Ont, who spent 2 months pursuing an elective in international medicine.