



## The kindness of strangers

### *An elective in Ghana*

Carrie Kuntz MD

**U**nder the necessary shade of a mango tree, dozens of people sit on wooden benches. Those who arrived late sit on the red dirt. It is a mix of men, women, and children. In the centre of the group lies the focus of all attention: Dr Erle Kirby, myself, and Philemon, a graduate nurse who is translating for us. This is an impromptu clinic in a small village in northern Ghana, West Africa. We take histories and perform physicals in front of the entire group, often with the help of the crowd. There is a variety of illness (eg, cataract, clubfoot, tinea capitis, vague abdominal pain). We even diagnose someone with leprosy. Unfortunately, we have no medications with us, so those who need treatment will still have to walk 25 km to the nursing clinic in Sambuli.

Today we are touring a few villages with Philemon to provide preventive health education. We explain the importance of mosquito nets to decrease the risk of malaria and water filters to prevent the spread of guinea worm. Philemon also advises that vegetation surrounding huts in the village should be cut or burned to reduce the risk of snake bites. We remind the villagers that they now have access to free immunizations and antenatal care, thanks to the donations of people like Dr Kirby.

### A poor foundation

A few years ago, the Ghanaian government set in motion the National Health Insurance Scheme, an attempt to provide affordable health care to its people. The

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National Health Insurance Scheme requires an annual fee of 78 000 cedis (roughly \$8), but this nominal fee is still beyond the reach of many. Most rural inhabitants subsist solely by farming, and barter their harvest for the other goods they need. Most have never even seen 78 000 cedis. Ghanaians who can afford coverage still find themselves uninsured for many chronic diseases and most cancer treatments (other than breast and cervical), and do not have coverage for antiretroviral medication. Of course, one must purchase insurance at least 3 months before receiving coverage. Without insurance, when rural Ghanaians become ill, they do not access care until it is too late; sadly, hospitals have a reputation as the place you go to die.

### Local forces

For those living in and around Tamale, in the northern region of Ghana, there is an alternative. The Shekinah clinic, founded and run by local physician, Dr David Abdalai, provides entirely free services to anyone who waits the queue. Much of the financial support for this clinic comes from Ghanaians who have emigrated to more affluent countries and can afford to send money to their home country. Medications and services are provided by various Western physicians who visit the area to volunteer.

Dr Kirby, a GP and surgeon, who normally hangs his shingle in Wawa, Ont, has been coming biannually to the Shekinah clinic for the past 10 years to provide his expertise in the form of hernia surgeries. He often brings

Canadian medical students, residents, and other doctors in tow, and this time I have been invited. While Dr Kirby repairs hernias, I work in the outpatient clinic along with a translator, doling out ibuprofen and antibiotics.

As the clinic is run entirely by donation, medications run out quickly and investigations are essentially nonexistent. I'm told that if it's a matter of life and death, I can provide money for the patient to go to the laboratory downtown, either from my own pocket or the clinic's precious supply. Diagnoses are based on



educated guesses from my limited knowledge of tropical diseases. When I feel unsure, I call over Kwame (a trained nurse who gave up his relatively well-paying job at the hospital to work for Dr Abdalai's cause) for a second opinion. More often than not, he recommends I treat everything on my differential and add coverage for malaria and pinworms as well.


Dr Abdalai performs surgeries 3 days a week and works in the clinic for 2. On days in the clinic, he examines the complicated patients that neither I nor Kwame have sorted out. Patients travel up to 100 km to be seen and stay in a complex of mud huts outside the clinic to await referral or surgery.

Once a day, the food truck arrives with a well-balanced meal in a plastic bag for each "inpatient." The truck also dispenses daily food to more than 100 homeless people in Tamale. This project, as well as the local HIV and AIDS clinic that provides free antiretrovirals, has also been set up by Dr Abdalai. His reputation for caring for the poorest of the poor is widely known throughout the northern region.

### Learning to give

Dr Abdalai's altruistic spirit has been born from religious beliefs and personal experience—as 1 of 10 siblings, he was the only one to survive childhood. His family was too poor to provide even the basics of food and shelter. Through the kindness of strangers, he was supported through school and eventually was able to train as a

doctor. His goal throughout was to provide health care to his people, to help those who could be saved by dispensing an antibiotic or a daily meal. I had never met someone who had accomplished so much with so little.

The hot African days pass as I learn about malnutrition and sickle cell disease, typhoid and schistosomiasis. I hand out chloroquine like candy; the malaria here is said to be resistant to its effects, but it's all we have. In stifling heat, I drip sweat onto patients as I do "minor" procedures like removing grapefruit-sized lipomas. I eat street food and get gastroenteritis. I marvel at the heavy loads the women carry on their heads. I encounter countless amazingly friendly people who greet you by saying, "You are welcome." And, most important, I develop a new-found respect for the ability of humans to care, to happily give everything they have to relieve the suffering of a stranger. 

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### Competing interests

*None declared*

If you are interested in donating services or money to the Shekinah clinic, please contact **Dr Erle Kirby** at [erlkirby@xplornet.com](mailto:erlkirby@xplornet.com).