EDITORIAL

ANAESTHESIA IN AFRICA

During the last year, the writer has been privileged to visit three important and strikingly different countries in the African continent: Ghana, Kenya and South Africa. In each, the proportion of rural to urban territory is vast, resulting in problems of the provision of health services and communication, to which the doctor practising in Europe is unaccustomed. In each country, the practice of anaesthesia has been influenced greatly by links with Europe, particularly Great Britain, and with the United States and Canada also. For reasons of nationalism and political pressure, in varying proportions, these links are now less strong.

Ghana’s economy is not sufficiently buoyant to permit the rapid development of medical services which her doctors would wish. Nevertheless, the teaching hospital of the University of Accra is modern and well equipped, although the complexities of import controls cause occasional failures in the supply of essential commodities. Under the able leadership of Professor Oduro, a nucleus of highly trained anaesthetists has been formed. The majority of these have spent part of their training period overseas, and this policy continues despite a reduction in funds for this purpose both in Ghana and in the host countries. However, the number of experienced anaesthetists is hopelessly inadequate for the needs of the country as a whole and most of the population is served by less highly trained doctors or non-medical personnel. Clearly, the challenge of ensuring adequate standards of safety and training, even at an elementary level, is formidable.

Under the banner of the recently formed West African College of Surgeons, the anaesthetists of West Africa—the Nigerians being the most important numerically—have the opportunity for regular dialogue. There is now an established postgraduate diploma in anaesthesia which is regarded as a possible future alternative to the internationally recognized diplomas from other countries which West Africans have sought in the past. The most obvious justification of this action is that countries which are so short of anaesthetists cannot afford the prolonged absences overseas which the acquisition of British, Canadian or American diplomas necessitates. The obvious pitfall is that, in a “closed” community with overwhelming pressure for clinical service, standards could deteriorate. It will remain a matter of fine judgment to balance these factors.

In East Africa, in spite of the grand concepts of federation having broken down in so many aspects of human endeavour, the Society of Anaesthesiologists of East Africa is flourishing with an annual conference of considerable quality. As in West Africa, there is a friendly rapport between anaesthetists in the various neighbouring countries, Kenya, Uganda, Tanzania, Zambia and Sudan. However, as viewed from Kenya, the virtual collapse of society in Uganda appears to be taking its toll of the medical services in that country, while the changing fortunes of Tanzania are leading to a greater influence of Chinese medicine, the significance of which is difficult to interpret.

Within Kenya itself, there is a surprising variety of anaesthetic practice. The academic nucleus is based at the impressive Kenyatta National Hospital, in Nairobi, and it is from this small group, headed by Professor Ayim, that a formidable training programme emanates. In addition to an encouraging recruitment of local graduates, there is an ambitious and apparently successful scheme for training “clinical officers”—non-medical personnel who are entrusted with providing anaesthesia in proscribed situations. (Equivalent posts are held in ophthalmology and otolaryngology.) However, the weakness of such an arrangement can be seen best at the country’s other large referral hospital, in Mombasa, where there are
no specialist anaesthetists and the clinical officers provide the only anaesthetic service.

In Kenya, as in many other African countries, the mission services fulfil an important role in the rural areas. The Flying Doctor Service operating from Nairobi provides important support to the missions, particularly by providing a highly competent surgical team (surgeon, anaesthetist and nursing sister) who must be able to claim one of the world's biggest catchment areas.

Against this background, the visitor may be surprised by the strength of private practice in the large cities, undertaken chiefly by doctors from Europe and Asia. However, this group plays an important role in the health services of Kenya and there is a continuing fruitful collaboration between anaesthetists in all types of practice.

As might be expected in a country of great natural wealth and with an advanced commercial and industrial structure, the hospital services in South Africa are very similar to those of Europe and North America. There are six academic departments of anaesthesia in the country, with programmes of training and postgraduate examination similar to those in Great Britain. These departments are crucial to the future of anaesthesia in the country because the structure of practice is such that the private practitioners as a group can contribute only very little, and less than some of them would wish, to training, research and development.

The various international pressures on the economy and on politics in South Africa cause inevitable anxiety although, in general, morale is high. Nevertheless, a significant number of anaesthetists have decided on, or are contemplating, emigration. Whatever the merits of the South African political system, it would be a tragedy if the present excellence of the medical services were endangered.

It is perhaps surprising to the visitor to discover the keen desire of the "English" and Afrikaans White South Africans to maintain a separate identity in many departments of living, including the training of doctors and the provision of hospital services. Also, it is reassuring to find that the quality of health care available to the black and coloured South Africans is of a very high standard, although the apartheid system operates in most communities. Indeed, it is only fair to note that the black African has, on average, a better chance of obtaining sophisticated hospital facilities in South Africa than in any other part of the continent.

The speed of political change in Africa as a whole and the consequent relative uncertainty about the future of all the peoples of that continent make it particularly important that those of us in the more stable societies should be aware of the problems and aspirations of our African colleagues. There is much which can be done to help without compromising the justifiable independence of the various nationals. It is to be hoped that, in spite of financial restrictions and the increasing rigidity of arrangements for specialist training in Europe and North America, formulae for continuing to train Africans, preferably on a short term basis, can be found.

Finally, throughout Africa, there continues to be opportunities for short-term secondment of competent anaesthetists from highly doctoried Western countries. To offer to practise in Africa is helpful, of course, but to teach and train others is incalculably more valuable. To this end, governments should be encouraged to ensure that no unnecessary difficulties stand in the way of the volunteer. Although the monetary rewards may not match those of the present fashionable foci for migration, the quality of the total experience cannot be rivalled.

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