

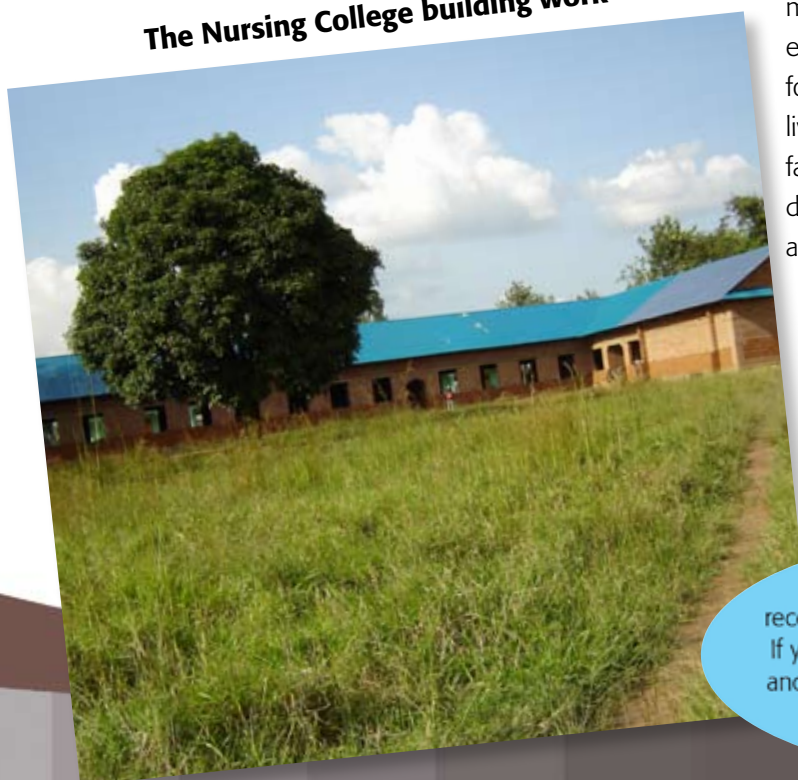
Link Letter No.53 November 2011

Dear friends,

I returned to Aru a few weeks ago, and was immediately struck by the building work at our nursing college, as it is very near my house. A second large building is in the process of construction with the roof just being fixed. It will be good to have the building operational as more rooms are needed for all the students and their different options. Over 100 students have just started as new first year students which is a very encouraging number, although goodness knows how we will cope with them all! I am looking forward to teaching some new courses this year. I must get on and prepare my notes thoroughly; I like to give handouts as textbooks are scarce but as teaching is all in French I find the preparation quite time consuming.

Almost the first person to come and visit me on my return was Rev Madhira, my long term nurse who is also now a pastor and very involved in our palliative care venture. He wanted to tell me about various new patients who the palliative care team have started to visit during my absence and in particular to arrange a time for me to visit a few of them with particular symptom control challenges. I was so encouraged to see how enthusiastic Madhira was. I would love him to go for some further palliative care training, and am currently exploring various possibilities and in particular some training in Cameroon, which would be ideal as

The Nursing College building work



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it will be in French; he has the potential to head up this work in the future. The next day we went to see several patients that were new to me; it was fascinating that between them they represented the different types of palliative care patients that we see – with some similarities but also some notable differences from the typical patients that UK hospices are involved with.

The first was a 35 year old man with terminal liver disease. We see a lot of liver failures and although it may sometimes be due to alcohol, here the majority of cases are most likely the end result of chronic hepatitis. The person may well have first contracted hepatitis as a child and not been particularly ill, and so not been aware of the diagnosis. It is such a frustrating disease as the person is usually completely unaware that there is anything amiss until they either become jaundiced or start getting ascites (fluid in the abdomen). A comprehensive vaccination programme of children is desperately needed.

For this patient it was ascites that was the particular problem, making him feel very uncomfortable and unable to sleep easily. It was good to be able to relieve these symptoms for him. He also asked me to do an ultrasound scan of his liver to give him a "proper diagnosis". With so few diagnostic facilities available, it is often very difficult to give folk accurate diagnoses. Although I always explain that ultrasound is not a treatment and does not make one better, I sometimes

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wonder if folk really believe me and instead think that it is a magic machine. However, to be able to talk through the ultrasound findings with a patient and let them see the pictures can be very helpful and certainly part of the process of accepting ones situation. This patient was certainly appreciative that we were honest with him about his situation and prognosis. He is currently stable and comfortable, which is great.

The second patient was a particularly sad story – a man in his 40's very sick with AIDS. He'd been diagnosed a few years back and had been taking antiretroviral drugs that had been keeping him relatively stable. Madhira told me that over the summer whilst I was in the UK, rumours were going round that there was a man in Tanzania that could cure folk of AIDS, so the patient used all his money (and borrowed other money also so that he now has big debts) to travel to Tanzania to see this "healer". He came back saying he was cured and stopped taking any antiretroviral drugs. Sadly he was clearly not cured and his physical state has deteriorated quite markedly but it has taken Madhira and others quite a long time to gently discuss this with him. He agreed to have another AIDS test a few weeks ago which as suspected was still positive. He was in a bad way when I saw him, fairly much bed-bound and very weak with bad diarrhoea. I hope by getting his diarrhoea under control we can gradually improve his strength.

He will need to be a bit more mobile to restart his antiretroviral drugs as he has said that he will not go back to get them at our local government hospital. He wants to go across to the Mediciens sans Frontiers clinic in Arua. I think this decision may have something to do with not losing face – he feels he can't go back to the government hospital as he'd told folk there that he didn't need their drugs as he was cured. It is such a sad situation all-round and I am not sure right now what his prognosis is. I fear that it may be too late for antiretroviral drugs to be effective. He is a person who still has a lot of issues to face, both social and psychological, but I hope that our palliative care team can help him with some of these so that relationships with his family can be restored and he can feel much more at peace and in a better place before he dies.

The third patient was more typical of the type of patient that a UK hospice might see – a 55 year old lady with advanced breast cancer. What was not typical was that she has a fungating tumour in her right breast. She said that she'd had a lump removed a few years back and was told she was

"better" but clearly the cancer had re-grown. She was in a lot of discomfort both from the tumour and also more generally, and I suspect that she has widespread metastases. She was bed bound, and I felt near the end of her life, so our aim was to make her as comfortable as possible. We were able to discuss her situation quite openly with her and her daughter and I hope encourage them that we would visit whenever necessary to help and support them over the coming days.

A few days after arriving back in Aru I travelled down to Mahagi to meet up with two people from CMS who were visiting. It was good to see how the Anglican hospital has progressed whilst I have been away. Earlier in the year there had been a difficult staffing situation there, which had resulted in less patients coming to the hospital and the staff demoralised. With a change of Medical Director, however, the situation has changed enormously, and the hospital was buzzing with patients and the atmosphere amongst the team much better.

It was great also to see the new surgical block finished – Bishop Ande is going to officially open it when our Diocesan Synod is held in Mahagi shortly. It's good that the maternity unit can now revert to being solely for maternity and there is a separate block for surgery. We hope to start building an Administrative block very soon, which will include consultation rooms, laboratory, pharmacy, treatment rooms etc. It will be great to have this building as the current facilities are just terrible – little mud and thatch buildings that are starting to fall down, and which do not give a very good first impression to patients, however good the medical care is.

A week after returning to Aru, I went to Nairobi for a CMS meeting with folk from both CMS UK and CMS Africa. It was the first time that we'd all met together. I always particularly appreciate catching up with other mission partners, and especially those involved in medical work. It's in a way comforting to hear that they are challenged by similar issues and good to be able to discuss these issues together. I am now back in Aru, but next week will be away again for five days, this time down in Mahagi at our Diocesan Synod, which meets every two years. After that I hope I'll have a more concentrated period in Aru.

Thank you as always for all your support, interest and prayers. I hope this letter will arrive sometime before Christmas, so let me take this opportunity to wish you a joyful Christmas and a peaceful and fulfilling New Year.

With love from

Francesca

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