

From Dusk to Dawn

By Dr Philip lau

AN OPPORTUNITY IN "JOBURG"

I completed my surgical training in 2000 and obtained my consultant position at the National University Hospital the following year. I presently head the Breast Cancer Workgroup and have a full-time commitment to breast cancer care. Nevertheless, the present surgical night call arrangements obligate the care of severely injured trauma patients, and I have always felt that training in Singapore did not prepare one fully for this kind of work.

When the opportunity came for an advance trauma fellowship in Johannesburg, I leapt at the chance of getting a comprehensive review of trauma surgery. The Johannesburg Trauma Unit has a well-earned reputation for systematic trauma care, encompassing pre-hospital resuscitation and evacuation, dedicated trauma emergency departments, and operating and intensive care facilities. It is based at the Johannesburg General Hospital, a 1900-bed tertiary care facility in the heart of the city.

The downside to this investment in surgical training was the notoriety of Johannesburg, known as the "murder capital of the world". With a population of 3.2 million, more than 9000 murders were reported in 2003, in contrast to just 36 in Singapore in the same period. In addition, over 40% of trauma patients are HIV-positive. In the decade since the end of apartheid, a healthcare system that once cared predominantly for 5 million whites now has to accommodate 45 million and is stretched to its limit.

Towards the end of the seven months away, I had become accustomed to the "Joburg" way of life, and found that stringent adherence to common street sense had made the friendships and cultural vibrancy more than compensate for the inherent hazards. The following is a letter sent home to my wife following my first week on duty, and reflects only the initial impressions of the experience.

24 September 2004

Just a short word from Joburg to keep you updated. Resting now after a very hectic week. Have been at work for just five days and been on call three times – what the boss here calls "settling in quickly". The Joburg penchant for understatement is now a living reality. On the whole, it has been a very challenging time, more so than I had expected, and it is hard to believe that it has been just over two weeks since dinner at Bukit Timah, so much having happened in such a short period of time.

I have learnt that the hospital is not 500 m away from Hillbrow, a district of several housing blocks notorious for lawlessness. This is the district that the *Lonely Planet* has recommended "should not be wandered into, whether by day or night". Once a vibrant district of classy restaurants and night spots where the rich and famous go to see and be seen, it now has a reputation for murders, robberies and car-jackings. A disproportionate amount of our work in the trauma unit comes from here, and recent police efforts to curb the violence have not as yet halted the flow.

For the present, there has been little chance to see the rest of the city or any of the country. Joburg does not lend itself to visitors. I have been advised to stay in nights, because although there are safe and dangerous areas, the truth of the matter is that one is definitely going to traverse some danger spot to and from one's destination. In the morning, many junctions have shattered glass on the roads, not from crashes but smash and grabs. And then there are the blacks, many nursing injuries, sprawled on the side of the road, or spaced out from drugs or glue-sniffing.

The carnage that goes on at night here reminds me of HG Wells' *Time Machine*. The paradise that is enjoyed in the

daytime, with a low cost of living, incredible natural beauty and vibrant cultural life, comes at the price of rampant violence at night. There are probably two generations of blacks that have been displaced from the natural commerce of the land in the years of apartheid, who have known only lawlessness and a well-earned mistrust of authority. Now that the country is very much in the hands of the people and opportunity has come to many, it is undeniably true that just as many will miss their chances for lack of literacy and education, or any meaningful sense of belonging to the society at large. Every black who I have spoken to has someone in their family who experiences this frustration of being unable to connect, and very often, this dissatisfaction leads to violence. It is a vivid, living and frankly lamentable example of how evil begets greater evil.

Last night, Friday, the violence reached barely tolerable levels. We took eight penetrating cases in two hours, all unstable. Seven gunshots and one stab. Being a non-private government hospital, there was only one ICU bed and two non-ICU beds left, and one available operating theatre. Before we could get



Gunshot pelvis, rectal laceration and bleeding from presacral veins...

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the administrators to close the hospital for major trauma cases, another five would arrive, mostly gunshot wounds. Almost all were from Hillbrow and an adjacent housing district. One of the hardest things I have ever done is resuscitate these cases knowing that many would perish for lack of facilities, then rush up and operate like mad, come down to the emergency area and see who was still alive, decide who was next to theatre, before going up again. This carried on for the whole night, with two cases which today's team was left to tackle. I had seen more severe traumas in one night than an entire year in Singapore.

When morning came, I found myself staring into a cup of very bad coffee alone in the resident's room and wondering if I could manage this three times a week for the next six months. I think it was Cassius in Julius Caesar who said: "O, I could weep my spirit from mine eyes!" There were still two major cases to go in theatre. How the resident managed to find beds was lost to me in a barrage of Zulu and Afrikaans over the phone to the house staff. Outside, cases were still coming in, and the emergency room was filled with blood and other fluids on the floor, the smell of the street, and the hiss of the ventilators. In the overcrowded treatment rooms, corridors, beds, gurneys and stretchers, nurses, paramedics and even medical students were stitching up the minor cases. In the corner, a pair of paramedics, with their Kevlar jackets and reflective markers, were passed out from exhaustion, their coffee cold and untouched in front of them. A fat black woman had wandered in with her homemade sweetcakes for four *rand*. By midnight Friday, I was told that there had been 128 unanswered ambulance calls, 84 for gunshots. The thought that as I write this, my colleagues are being asked to play God again is surreal. In the end, the hospital was closed for just three hours.

The fortitude of the surgeons here is inspirational. Despite the crippling shortages of this under-funded healthcare system, the unbroken cycle of violence, but most of all the nagging futility of their efforts, I have never seen anyone express despair or impatience. They operate like the wind and put my lack of ability to shame, and provide both skills and temperament for me to emulate. More than half of the patients at Joberg General are unemployed with no health insurance, and 40% are HIV-positive. In addition, TB, chronic malaria and even dysentery are not uncommon.



New Year's Eve in Joberg.

There is a chance for me to see another side of the coin next Monday, which is to take calls at a nearby private trauma centre. Millpark Hospital is only 1 km down the road, but on a visit last week, I found that it could well have been on another planet. There is a 24-bed trauma ICU, with plastics, burns and anaesthesiologists on call at consultant level only. The consultants at Joberg General take calls on both hospitals, and it is easy to see why they would prefer Millpark and have invited me to join in. The single item that said it all was the gleaming cappuccino-making machine in the doctor's lounge in the spanking clean operating theatres. Helicopters make evacuations and land 50 m from the resus rooms, and the stockpiles of medical equipment, dedicated trauma theatres and motivated nurses speak of the contrast of fortunes for those who can afford private health insurance. A lady who had an emergency chest surgery for a punctured lung after a mugging asked why the scar could be seen outside her bikini line and I was at a loss for words.

This is a wonderful and terrible place. For the first two weeks, I have occasionally been shaken that people can do this to their fellow men, but I am all the more stirred by the devotion and resilience of those who have faced this on a nightly basis and still get out of bed in the morning. On the whole, I am coping and successfully divesting myself from the things I have seen and done when I get out of the hospital. I try not to dwell too much on the idea that the division between the haves and have-nots, between the daytime prosperity and nightly carnage, is likely to last the length of my days here. ■

HEMCOMING

I left Joberg on 1 April 2005, having received what feels like a whole education in rapid surgical technique, perioperative care and a calm conviction of the importance of clear, surgical thinking in the care of the multiply injured. On hindsight, most of the initial impressions expressed in my letter home could be explained by the overwhelming sense of recoil on facing trauma care on a different level. With time and experience, and most importantly, the assistance of a supportive senior staff, these initial sensations were replaced by a quiet determination of getting the job done, and usually done very quickly.

In the short time that followed this letter, I have found South Africans to be a uniquely outgoing and social people, and their reputation for hospitality is as well-earned as other facets in that thriving nation. Outside of urban centres, I have hiked through rainforests, pine forests, bushland (Fynbos), sandy shorelines, rocky ridgelines and arid semi-desert, all in the space of a single day. I have made plans to renew friendships and revisit these and other attractions within the coming year.

Since returning to Singapore, I have seen seven major trauma cases in the space of a month and a half, still less than what was encountered on that first Friday night in Joberg.