

# PCEA Tumutumu Hospital, Kenya

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## The country

“Kenya is Africa in a microcosm” (Lonely Planet) is no understatement. This fascinating country is extremely varied and has something for everyone. In our spare time we managed to climb to the snow topped peaks of equatorial Mount Kenya, take in bustling Nairobi, safari with the ‘big five’ in the vast plains of the Maasai Mara (as well as visit countless other stunning wildlife attractions), relax on the truly postcard-perfect beaches of Lamu and Zanzibar (Tanzania) and snorkel in the warm Indian Ocean. Kenya’s stunning attractions and natural beauty, combined with great opportunities to experience medicine in the developing world, make it a superb elective destination.

## The people & culture

Kenya’s population is just as diverse as its landscape. The coastal areas are largely Muslim, the central highlands Christian, the south has a large Maasai settling and there are numerous tribal religions throughout the country. The culture and cuisine (seafood heaven on the coast!) therefore vary significantly between areas, although all Kenyans are invariably extremely friendly and welcoming. English is widely spoken, especially by hospital staff and in tourist areas. However, Tumutumu Hospital is situated in the Central Highlands which is the home of the Kikuyu tribe and many of the patients speak only Kikuyu and Swahili.

## Tumutumu

Situated 130km north of Nairobi at 1700m above sea-level, Tumutumu is a small village comprising mainly farmers, hospital staff and a couple of large schools. It is a very peaceful, laid back place with some great views of Mount Kenya and the surrounding countryside from the (very basic) accommodation on top of the hill. Evenings are quiet so a friend and some good books are essential but nearby Karatina has a few bars, restaurants and shops to explore and transport links are good; a couple of hours by matatu to Nairobi and there are plenty of attractions within easy reach to occupy weekends. It is a friendly community and I was frequently invited to join in the weekly staff versus students football match, attend medical conferences and socialise with the young doctors.

## The hospital

Tumutumu Hospital is a 200 bed facility owned by the Presbyterian Church of East Africa (PCEA).

Most patients and doctors are practicing Christians but are unassuming and there was no requirement to be religious. There are two medical, two surgical wards of about twenty patients each, an obstetric facility and a small paediatric ward of up to ten children. There are also relatively busy daily outpatient and HIV clinics. The hospital has a decent formulary and, despite lacking some very basic facilities such as oxygen cylinders, a fully working ECG machine and functional sphygmomanometers, there was access to a wide spectrum of

investigations, from x-rays and labs on site to CT and MRI scans at nearby hospitals. The hospital was also fairly well staffed with nurses, nursing students and clinical officers supported by four interns (essentially FY1s) and a few consultants. The interns are very experienced in dealing with infectious diseases and performing simple surgeries but, through no fault of their own, obviously lack training



in other areas, especially acute care. With the frequent absence of consultant support this means we were sometimes the most experienced person available and this was a superb opportunity to translate all that final knowledge into practice. It can also, however, be extremely frustrating and emotionally challenging to see patients receive inadequate care (and sometimes die) at the hands of doctors who are expected to work beyond their level of competency.

The spectrum of diseases encountered at the hospital was quite broad. 'Western' diseases such as diabetes and ischaemic heart disease were surprisingly prevalent in addition to those diseases common to the developing world: malaria, TB and HIV. This was especially useful as it meant there were some patients I could comfortably manage myself and some from whom I could learn a great deal about tropical medicine.

A typical day on any of the attachments would start at 9am with a fairly lengthy morning ward round followed by assisting with jobs in the afternoon. The workload was very variable: some days finished shortly after lunch whilst on others we would stay until late in the evening helping with procedures, discharge summaries and reviewing sick patients. During our stay we were accompanied by 5 Chinese medical students and a few American doctors which made the hospital feel a little overcrowded and sometimes meant there wasn't enough work to go around. Initially, the experience was mostly observational but after persuading the interns that we were competent we were given good opportunities to get as involved as we liked. We were able to prescribe medications, order investigations and perform venepuncture, peripheral cannulations, pleuritic taps and lumbar punctures as well as make clinical decisions on ward rounds (we were able to lead some of the ward rounds ourselves). Paediatrics was especially quiet but I managed to organise a week at nearby Karatina District Government Hospital which is a very under-resourced and busy hospital where I was able to witness the stark contrast between state and private healthcare in Kenya. Unfortunately, due to the language barrier with patients, history taking was very difficult, even with translation from nurses and therefore the majority of my experience was focused on ongoing inpatient care rather than new admissions.

## **Conclusion**

Overall, if you are looking for fast-paced medicine or to be thrown in at the deep end then a larger, government hospital would probably be more suitable. However, with some initiative and enthusiasm, PCEA Tumutumu Hospital has good opportunities for experiencing hands-on rural medicine in Africa and was a very enjoyable elective. It is also a very friendly, peaceful place to forget the stresses of finals and is ideally located for exploring the fantastic attractions of Kenya.

## **Contact details**

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