

“Wanna Play Doctor?”

A Premedical Student Reflects on a Medical Brigade in Ghana

By Lauren Kascak

We are seventeen jittery Americans crammed inside an 80s Volkswagen bus, on our way to the community of Srafa Aboano in the Central Region of Ghana. We are fourteen ambitious pre-medical student volunteers, a charitable physician, and two chipper nurses from his private practice who have been on a mission to deliver medical care to the world’s poorest for a decade together. We’re bouncing up and down on dirt-stained leather seats, watching the different textures of green and orangey-brown in the distance. *This is Africa; I’m in Africa, I think to myself.* We pass by houses splashed with hues of pink and blue, and wooden places of work beside the road with signs that announce their similarly religious names such as “Salvation Market”, “In His Name Fabrics”, and “Christ Automotive”. So far, we must have bounced at least seventy five times on this two-lane highway, which is peppered with six or seven speed bumps every mile, as the drivers in the cars behind us honk and pass us in between bumps. The bus turns down a dirt road. It begins to vibrate and shake from side to side, and we all resemble bobble heads until we reach our destination.

It feels good to be sitting finally still, outside of the children’s primary school, as we wait for two smaller buses full of pre-meds to join us. The children flee their classrooms in a race, still holding pencils and assignment books. They pose for photographs that aren’t being taken; they put their hands to their faces, holding invisible cameras, and wave their index fingers up and down on an invisible shutter. Most children are wearing orange and brown uniforms but some are wearing oversized shirts with Disney or NFL prints. Another volunteer, John, points out beyond the window, toward a young boy who appears to be around five and is wearing only briefs: “That little kid’s wearing Barack Obama underwear!” John says, and everyone laughs. “Obroni, Obroni!” the children call out to us, which means “foreigner” or “white man” in Fante. When the other buses arrive, my fellow students quickly become the photographers the children are expecting. The volunteers run off the bus and begin playing a game to which they seem to all know the rules called “Who Can Take the Most Dramatic Photo with a Ghanaian Child?” The children gladly participate as they run to grab any free hand or finger of a volunteer to hold; first a hand, then an arm or a neck, then a camera, sunglasses or hat.

The children herd us through their community’s rust-colored dirt roads, toward the music with a powerful bass that makes me feel anxious. *What is happening in the space where the music plays?* I notice a man sleeping on a wooden bench. He lies next to his metal cart filled with sale items: yellow soap, pink and yellow lollipops, blue phone cards, small cans labeled with smiley-faced tomatoes. He’s wearing haggard jeans and his hands and feet are cracked and white. I’m suddenly drawn to the hands of everyone around me. Hand-in-hand with the children, the

volunteers jump, sway, and dance. I have three girls holding different fingers on my left hand and one boy locked around my entire right arm and hand. The Ghanaian college student and brigade coordinator who walks in front of me has a fluorescent green wristband that reads “Wanna Play Doctor? ;)” adjacent to the name of the NGO and the American university chapter that made and distributed the wristbands. To my right, there is an adult woman wearing a maroon and gold traditional dress who crouches on a cement ledge beside a home. She is exposing her left breast to her child’s mouth. Her face is soft but concerned. Her hands grasp the child while she holds her cell phone between her left ear and shoulder. The doctor laughs and in his Texan drawl says, “I’ve got to get a photo of this!” as he frames his gaze on this woman with his camera. The sun is beaming on the tops of our heads and the humidity is stifling. My hands are wet with puddles of the children’s and my own sweat that does not evaporate.

When we arrive at the “opening ceremony” we find a large square dirt space surrounded by three canopies that cover fifty plastic chairs. Under the canopy straight ahead are six or seven men, who are robed in similar neutral garments that are tossed over their shoulders and gleaming watches and glasses. We are instructed to sit down under the remaining canopies and children pile on top of us. My fellow volunteers become trigger-happy and take “selfie” after “selfie” with the children around them using their iPhones. The chief of the community approaches a microphone and all I can think about is the unfamiliar stench of sour smoked meat and human body odor. The volunteer next to me points to an open wound on the knee of the girl who sits upon her lap, which five or six flies hover around. She is no more than four-years-old, wearing a ripped purple nightgown that is stained with dirt and grass. The student’s mouth is twisted and I smile back with half of my own mouth. I look up at the chief, who silences the children and commands the attention of all. Speaking in English, his words are carefully chosen, executed with a powerful tenor and rhythm. He speaks on behalf of a grateful community that is in need and is lucky to have our help. I push away any discomfort, and feel myself begin to cry; *I am really about to do something good for the world, I can’t wait to begin.* Behind the chief and to the left stands a woman who appears to be only a few years older than myself. She’s staring at me in a way that makes me feel ashamed to have tears in my eyes, but I do not know why. I notice her furrowed brow, her straight mouth, the baby on her back who is suspended by a cloth of fire yellow and green with gold accents, and her eyes that look straight into my own; knowing, piercing straight through my appearance and into my intention. Unsettled, I glance back toward the chief, who is ending his sermon that gives thanks to the organization and its overflowing bounty of volunteers.

Three months earlier, I am standing in a pristine clinical OB-GYN office in suburban Connecticut. “Hi Martha, it’s lovely to see you again. Do you mind if my student, Lauren, observes our conversation and your examination today?” said Tonya, the PA I am shadowing. I peek my head around the corner of Tonya’s office door to quietly say Hello to Martha, who I already know is 54 years old with 3 children whom Tonya delivered. In the hallway, she looks comfortable and relaxed in her LL Bean jeans and cable-knit gray sweater. Her hair is blonde from what must be a detailed process of coloring; so many tinges of yellow and gold flow into a complex shade that reminds me of my two-year-old nephew’s picture book golden locks. “Of course, we’re all women!” Martha says in response to Tonya while smiling in my direction. Together, they step onto the blue and white speckled carpet, joining me in Tonya’s pale gray

office. It is adorned with framed photos of her two large Labradors, a selection of medical books on a chestnut bookcase, and two chocolate brown leather chairs that are placed directly in front of Tonya's own chair – draped with her white coat. I sit beside Martha as she discusses her depression, family responsibilities, and menstrual cycle with her doctor. Looking concerned for her patient, Tonya sighs, “Ah, I can see why you're feeling stressed. You just can't seem to catch a break.” “I know,” replies Martha, “Thank you for listening.” Tonya escorts Martha to the examination room, where she hands her a soft pink paper gown that smells like cardboard and soap. Although Martha has been there many times before, Tonya directs Martha to change into the gown and sit comfortably on the exam table, before we leave the room to give her privacy. Martha knows the drill and removes her sweater quickly in our presence. She brings her hands to her upper arms and rubs them for warmth. On her way out the door, Tonya adjusts the thermostat, increasing the set point by a few degrees.

Later, in Srafa Aboano, I am excited to begin observing a Ghanaian OB-GYN on my first clinic day of the medical mission. I'm standing in a peachy-taupe colored room, facing the open doorway, and I can't look away from the painting on the wall: a bright yellow sun wearing a jaunty pair of bold, black sunglasses. Normally functioning as an area for storing collected water, the room is no bigger than 5x7 feet. On the wall across from the sun are more cartoon-like images: a lollipop tree, a red butterfly that is twice the tree's size, and a flowing blue path of water below. There's a large window behind me and above it, painted in the stream's blue are the words “Clean Water”. The word *water* runs down the wall and forms large droplets like rain or, I think in retrospect, maybe tears. An hour ago, two Ghanaian nurses, the other pre-med volunteer, Sue, and I lifted a wooden teacher's desk from the classroom next door and brought it into this room. “Providing medical care to the poor requires improvisation”, they told us and we compliantly smile and nod.

We dress the desk in a red tablecloth and hang sterile surgical drapes from a string around the desk for privacy, transforming the water storage room into a women's clinic. Before we begin, one of the nurses, Olivia, shows Sue and I a procedure. She takes a plastic speculum and describes her actions as she moves it through the air. Then she takes a large Q-tip, dips it in vinegar, and moves it around in circles like a magic wand on the air cervix.

But soon, our learning session is interrupted when the first patient peers around the surgical drape. Her face, shiny with oil and sweat, forces a smile as she timidly walks toward the desk/examination table. I assume she is in her mid-thirties as a few wrinkles have formed around her eyes- *there's something familiar about her eyes*. Francis, the Ghanaian OB-GYN, is also smiling, but more authentically and confidently than the woman before him. He gestures in the direction of the teacher's desk that Sue, Olivia, and I are gathered around. He does not ask the woman's name and barely says hello, but his body language says plenty. He gestures again to the desk, and she obeys, sliding down her undergarments and climbing upon the desk. Olivia lifts the woman's dangling ankles to place her bare, cracked feet upon the desktop—she grabs the woman's knees, which instinctually attempt to resist the force that pulls them apart. Our patient winces, her eyes closed and her mouth forming a half-frown. For a moment, it appears her knees will not succumb, but soon, Olivia wins the battle. There is no pretty drape that smells of soap. There is no thermostat. There are few, if any words.

Sue turns on a school-bus-yellow, Black and Decker, heavy-duty flashlight and directs the flickering light between the woman's legs. I'm standing back, but Olivia hands me a plastic

speculum doused in lubricant: it's time for me to practice the procedure she demonstrated in air five minutes ago. Only a few moments ago, I felt thrilled to be witnessing the practice of medicine outside of my own culture. Now I feel like an imposter. Although I am a certified EMT, I am only a volunteer, a foreigner, and a stranger in this country. I do not even know this woman's name. But when I look up at her face, I realize I do know her. Before me are the same piercing, brown eyes that met mine at the opening ceremony. I feel them search for my intention. The backs of my knees are soaked with sweat as I take the speculum in my hand.

Only a day ago, at the opening ceremony, the chief remarked about how much he and his community appreciated our help. Two of my peers videotaped him as they watched his performance through their cameras with several children. He finished with a prayer for our safety and signaled to a man behind speakers that were as tall as the children sitting upon my lap. The music began and the children pulled us out toward the center of the meeting space. Immediately I felt the sun's ultraviolet strength on my shoulders and noticed I was dizzy. The last time I had drunk water was hours ago. I reached for my water bottle in my backpack; the children saw me grab the top of it. Knowing the English word for water, they began to jump up and down, "Water!" "Water!" they asked with their words and their bodies. *What do I do?* I thought. I knew I did not have enough water for all of these children. I knew I could not drink my water that I acquired with no effort back at the lodge, in front of these children. I tossed it back in my backpack and grabbed the children's hands. I spun them around to the music and put all of our thirsts aside.

Back in the Connecticut office, Tonya knocks on the door in a musical way. "Shave and a Haircut, Two bits!" "Come in!" Martha exclaims. Tonya continues where the conversation left off in her office, about menopause and its frustrating symptoms. She washes her hands and rubs them together as if she is standing over a warm fire, "I'm so sorry that my hands are cold!" she says when she reaches toward Martha's neck. Tonya and Martha continue their conversation, throughout which Tonya calmly narrates her physical exam: "I'm just checking your thyroid," "Now I'm going to do a breast exam" "Let's check your abdominal organs". She directs Martha to slide her bottom to the end of the examination table, and to put her heels into the stirrups. She manipulates the table's position with a remote control, grabs the overhead light and aligns it with her field of vision, slides a pair of Medium sized gloves over her hands, rubs some lubricant over her fingers and notifies Martha, again in mid-conversation, that she will first check her ovaries. When she is ready to perform the Pap Smear, Tonya takes a new plastic speculum out of its sterile packaging "Deep breath in.and out," she says, as she carefully inserts the speculum during Martha's exhale. She locks it in place and asks Martha to describe her level of comfort while she finishes the pap smear. I feel privileged to witness such a caring interaction between a patient and her healthcare practitioner; *I want to be a physician just like Tonya*, I think to myself.

Yet here I was, told to improvise in Ghana. I take a deep breath in and insert the speculum on my own exhale in the way that Olivia demonstrated through the air. There is more pressure than I imagined. "Push! Use more force" Olivia says as she nudges my elbow forward. The flashlight is right next to my face, getting in the way of my left eye's vision. The light is dim and fails to illuminate beyond the pink and brown flesh and onto the donut area I am looking for. A few seconds pass by and I have successfully inserted the speculum, and found her

cervix. I immediately feel relieved but unsettled as I look up and into her eyes. I grab the extra-long Q-tip and dip it into a cup of vinegar. I swab her cervix and wait a few minutes, staring into this woman's body behind the pathetic source of light. Francis is excited to tell me, "I give you an A+!" I say thank you but look to the woman before me for approval. She's wincing again, with her hand covering her face. I feel like I might vomit. "Can I remove the speculum now, Olivia?" I say with angst. "Let's see, yes- her cervix appears to be normal." I remove the speculum, but too quickly. "Ah!" the woman cries. Olivia shakes her head from right to left- "I forgot to tell you that it is better to remove the speculum sl-o-w-ly," she says.

I look up and see the painted-on sun, with his sunglasses, smiling my way. I want to wipe that stupid smile off the sun's face, I want to tell Francis and Olivia that I cannot stomach what I just did to that woman with no prior training or knowledge, I want to tell the woman I am sorry and that she deserves better. But I fall short when my eyes meet hers as she pulls up her undergarments. She sees me. She sees the one who's come before me and the one who will come next. She doesn't speak. She doesn't have to. *She knows.*

Each year, thousands of pre-medical students travel to communities in developing countries, disguised as saviors. What does it mean for students like me to fly around the world 'playing doctor'? What impressions are we giving to those we seek to 'save' with our improvisational care? The gaze of the woman whose name I never knew followed me home from my trip to Ghana. She forces me to question the quality of care her community receives through medical missions such as the one I took part in; and to ask myself, doesn't she deserve the quality of care I saw Martha receive? When will we stop practicing on the world's poor?

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