Pre-Medicine Internship Program

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Where Medicine Ends and Compassion Begins

Through International Medical Aid, I traveled to Mombasa, Kenya where I was given the opportunity to shadow talented physicians at one of the largest public hospitals in Mombasa. I was immersed in a completely new culture, and spent my days in a hospital that operated in a vastly different way from the hospitals I was used to back home. I also visited schools to teach students about essential topics such as hygiene, attended various hands-on healthcare lectures, and participated in multiple clinics. While some of the things I was exposed to were difficult to adjust to, I was able to learn and grow from the challenges I faced. From those experiences has come a wealth of knowledge that I would have never otherwise had access to. What began as an internship, turned into a connection to the raw realities of healthcare and an introduction to the world of non-medicinal healing.

I never thought death would become part of my routine. That changed during my summer internship at Coast General Hospital, where it became a part of my daily reality. While walking to my assigned department, I could hear the wails of grieving families echoing through the corridors. One morning, around 6 am, I was standing near the entrance of the hospital, waiting to be picked up from my night shift. It was still dark outside, and rain trickled down the low roof, an uneven rhythm suddenly pierced by loud guttural screams. There was a group of us, half-asleep interns, who were now wide-awake in confusion and fear. We turned around abruptly and what befell our eyes was a shrieking woman in her fifties, her arms wrapped across her chest. I can still picture her standing alone, her body folding in on itself, staring at the ground, and screaming. There were often visitors sleeping near the entranceway halls. A few people stirred from their sleep and rushed to her side, rubbing her back and standing by her in silence. One of the interns whispered in my ear that her son had just passed. These strangers made her grief theirs. A medical officer once told me that the louder the bereaved grieve, the better the afterlife for the person who had died. Now I understood that her wailing had a purpose—she was performing her final motherly duty, ensuring her son's safety in his next journey. That morning, I saw that grief was a universal language, and these strangers, without speaking to her, all understood it.

Coast General Hospital is extremely under-resourced and understaffed, especially in departments like the new born unit, maternity ward, and dialysis treatment (The Weekly Vision, 2025). Patients coming for dialysis often did treatment only twice a week instead of the advised three times. The hospital simply didn't have the resources. A recent inspection revealed the dialysis unit is severely under-resourced, with only eight functional beds, far below the number needed to meet regional demand for kidney treatment (The Weekly Vision, 2025). Many cases of deteriorated diseases occurred because the patients did not want to spend money on check-ups and postponed their appointments. Treatment was a luxury that many could not afford. By the time they came, the damage done was often irreversible. I

quickly learned that it was a possibility that the patients I bonded with and had the pleasure of learning from, could one day meet the same fate.

Though I witnessed community support, I simultaneously also learned about the absence of companionship many patients face in Mombasa. More often than not, women in labor would be alone. When I would walk through various clinics, patients would be sitting by themselves, without any visitors. However, I did notice that the doctors would check in with these patients more frequently than others. In Internal Medicine, patients who resided in the wards longer, had developed friendships with the physicians. There was one patient I was introduced to who stuck out from the rest, because, unlike them, he currently had no treatable illness. Two years prior, he'd been in an accident and lost his memory. Despite this, he still resided at the ward. When I asked the doctor why he was still there, he simply responded, "Where else does he have to go? This clinic has become his home." I am not sure why, but I was struck by the simplicity of his answer. I suppose it was because I knew that public hospitals in Kenya had an influx of admitted patients and limited space to accommodate them all. According to Daily Nation (2025), "Public hospitals experienced a reduction in bed capacity from 40,814 in 2023 to 38,552 in 2024 - a loss of over 2,200 beds in just one year." And despite the pressure to discharge, this patient was allowed to stay. This hospital did not find space; they made space for someone who had nowhere else to go. I was inspired by many things over these four weeks, but this was a moment that stuck with me and taught me who I want to be.

I want to be a doctor who sees a patient beyond their diagnosis. A patient is more than a list of symptoms—they are flesh, bone, and feeling. They are a complex web of hopes, dreams, and desires. They come to a doctor vulnerable, holding trust in the promise of protection and care. These past four weeks shadowing talented physicians, I've seen that being in the healthcare department is beyond just understanding medicine. Facilitating healing can come in many forms; sometimes it's just starting a conversation. Sometimes it's simply being present. The medical staff was overworked and resources were limited, but they still showed up every day to do the best they could. Charter Africa states that hospitals in Kenya have an uneven distribution of "professionals, facilities, and resources (Mwaura, 2024)." The physicians-to-patients ratio is also 1:5,725, far exceeding the recommended 1:1,000 ratio model provided by the World Health Organization (World Health Organization, n.d.). Despite these challenges, many healthcare workers were gracious enough to teach me. While working a night shift in the maternity department, one of the assisting surgeons hadn't slept for eighteen hours and yet still walked me through three C-sections. Most of the C-sections I saw involved a spinal tap, where anesthetics would be administered via injection in the lower spine. I was given the privilege of being able to hold the hands of the women while they were getting injected. My vocabulary in Kiswahili was too limited to communicate verbally. Through this gesture I told them: I'm here. I will carry these

moments that were small at the moment, but lasting, as a commitment to the presence I hope to bring to medicine.

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