Pre-Medicine Internship Program

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Finding Purpose Between Life and Loss: My Internship with International Medical Aid in Mombasa, Kenya

It was my first night shift at the Coast General Teaching and Referral Hospital. I had barely been in Mombasa for a week, and amidst the advice to rest, I was too energetic to lay in bed that night.

It was around 2:30 am when the news was broken. Dr. Hassan Ali walked into the doctors' office in the Intensive Care Unit and asked us all how we were doing. Half-asleep and confused, we all responded aptly, doing fine. He then said, "We just lost a patient, I'd say about a few minutes ago." The shock getting processed by my brain did not beat the gutting of my heart. There was no padding, no sweet-talk — just straight news.

It was around 8:00 pm when I had arrived for my night shift in the ICU that day. Never having been in a hospital before, at least not as unfiltered as being in Coast General, I did not know what to expect in the ICU. My grandmother spent her final days in one back in America, but even though it was only my first week at Coast General, I knew there were disparities. I could not compare the two like apples, it was just impossible. I stepped foot into the separate, portable-like department which the ICU was housed under. There was an entrance room where we had to put shoe covers and hairnets on. Guarded, we were let in after properly preparing ourselves. I took my first steps inside.

The hospital overall felt like a black and white scene, with distinct responsibilities and expectations for the day depending on the unit. Surgery has log sheets for each operation impending. Maternity has separate sections of the department labeled for different stages of labor while their rooms upstairs are reserved and designed to handle C-sections. The Newborn Unit was warm, designed to provide the neonates with utmost care and similarity to the womb, from their personal blankets and socks to their incubators and beds. Black and white — very clearly defined.

The ICU felt like the in between. It was the grey between the black and white. The space where you waver between life and death. The area which is never clearly defined because of all the possible shades. The possibility was terrifying, fascinating, and surreal. As we did rounds with Dr. Ali, we learned about each patient case. The very first patient I laid eyes on as I entered was a pregnant mother, suffering from seizures and pneumonia. Her eyes were open, but rolling to the back of her head. Then they would move back to their normal position, and then roll back. Her arms were jerking uncomfortably and her neck was craning in different directions. As interns, we only needed to know her case and the reason she was there.

The next patient had a hole in her heart, requiring cardiological care. She was also suffering from pneumonia, worsening her complications. Another patient was a 16 year-old mother who had just given

birth. Her son was in the NBU upstairs, but she was suffering from pneumonia and jaundice. Her eyes were painted yellow, her body frail and weak. She was the only patient who had the ability to smile, and she did at me. I smiled back through my mask, using my eyes to speak.

I went back to the doctors room with my fellow interns and we went through each patient file. That was the first time we learned their names. We saw their familial background, if they were married, how old they were, when they were admitted, their medical history — all confined to one packet. It felt strange flipping through the papers, reading handwriting in ink. It feels shorter to read the same length of words on a computer. Psychologically, it is different. I still read till the last page.

It was around 2:31 am now. My fellow interns and I were in a concoction of utter shock, denial, confusion, sadness, and grief.

"The patient who passed away — what was she suffering from again?" one of us asked.

"Diabetic complications. Her blood pressure peaked at around 1 am randomly and then dropped rapidly. When I came to her bed, I attempted resuscitation, but it failed" Dr. Ali stated.

"There is a screen with all the patients' vital monitors connected in the doctors' office. We would've noticed if hers was abnormal, but nothing seemed out of the ordinary?" one of us said.

"That's because her monitor is the only one not connected to the main screen here. We don't have the space or resources to connect it. We usually keep the more stable patients on that monitor, but this just happened to turn out this way" Dr. Ali said.

Chance and luck. That really was a large force in what kept these patients alive. If that patient's vitals were displayed on the doctor's screen, this could have been prevented. Death could have been avoided. It was the first time I had truly internalized how a lack of resources can impact healthcare.

I was placed in the Newborn Unit the next week. Here, newborns in the first hours, days, and weeks of their lives prepared for a lifetime of work. Some struggling, some abandoned, and most under monitoring along with their mothers. As soon as I walked into the NBU, a sign describing the power of skin-to-skin contact greeted me. It immediately set off the question of which babies I was allowed to feed and hold. I headed over to Nurse Cecelia and she explained to me which duties had to be done first. We cleaned all the newborn beds with soap, chlorine, and water. We then replaced the bedding and transferred each baby into their new cot.

It was now 10 am and all pending duties had been taken care of. I was introduced to Baby Faith — the baby I was responsible for feeding. I began making formula for Faith, mixing sixty milliliters of hot water with two scoops of formula, specifically labeled for Faith. I wondered how I was going to feed

her using such a large cup. That's when Nurse Cecelia handed me a brand new syringe, one that Faith was going to drink out of.

I lifted Faith out of his bed and carried him to the front where I would sit and feed him. At first, his eyes were closed tightly, but his arms began moving. He was awake, but his body was still asleep. I slowly inched the syringe into his mouth and he pulled it in and began drinking. The syringe's end was barely 3 millimeters wide, much different from a mother feeding or drinking from a baby bottle's nipple. Yet, Faith had mastered the art so gracefully. He would suck aggressively once until an air bubble had been created inside the syringe. This relieved much of the tension inside the syringe and made the milk come out much easier from the other end. There was nothing I could do on my end to make this easier. This was something two-week-old Faith realized and used himself.

I read through his file after he fell asleep in my lap. Faith was born premature and had recently grown strong enough to leave his incubator and not require oxygen support. I learned he has been in the NBU for the past two weeks because his father had not collected him yet. He had gone to visit Faith's family, a village which was far away from the hospital. I flipped Faith's file to cover page again, having gone through all his history, then realizing that I missed the most important part written right there. On top of the file, above the lines which encased the content of the page, it was written "Mother deceased June 10th." My eyes widened and I went through the file again, searching for an explanation. I reread the handwriting, the different colors of ink, until I found what I was looking for.

Faith's mother had passed away due to cancer which had been worsening throughout her pregnancy. She was 25 years old, married, and this was her first child.

I held Faith tightly and spent even more time with him the next day. The concept of human touch is on the basis that during childhood and developmental years, the warmth and comfort brought by being in skin-to-skin contact with another person is crucial in bonding and human development. For the babies, most of this comes from the mother. The feeling of pulse through one's skin reminds the baby of what it felt like inside the womb and allows their hearts to follow the same pattern of stability.

I looked back to my time in the Maternity Department, recollecting the scene of births. Once the newborn is pulled out, they are held upside down and struck on the back until the excess fluid is spit out through their mouth and they can cry. They are then brought to a curtained room where they lay in one of two radiant warmers, sometimes not in a bed alone but tightly snuggled next to another newborn which they do not have relation to. Some babies are washed while others are transported straight to the warmers, dirt embedded in their hair and fluid coating their faces. When put next to other babies while collectively lacking immunity, the chances of deposit being transferred amongst the babies is high. Yet, with the shortage of warmers, beds, and cleaning supplies, this is the safest situation for these patients. The mothers only see their children hours after they are well enough to stand and move.

My mind jolting back to the NICU, I discerned that Faith had never actually felt his mother's touch. After he left the womb, he was sent straight to the NICU, set under an incubator, and held under constant monitoring while growing to be in a strong enough condition to be sent back to his father. As he lay in my arms, my wrist propping his head up, my pulse was one of the few he was provided with to remember how his heart should beat. The privilege I was granted by the nurses in the NICU to care and nurture Faith was one I felt heavy thankfulness for, sentiments I could never encapsulate in words. This emotion solidified in my head through my shifts in the Maternity Department.

The Maternity Department was where all avenues of the hospital suddenly came to a halt and focused on the sole objective behind medicine in the most direct way: to bring life. As I walked past the first curtain into a room, I saw a mother holding the sides of the rails on her bed in distress. She asked me to come over and help her adjust her clothing. She pointed at her IV bag and told me to call the doctor to get a refill. She was clutching the hand where the tube was inserted, the pain noticeable when the liquid stopped flowing.

I ran to the doctor and told him about the situation, and he followed me into the room with a new IV bag. After replacing the bag, he called in a nurse. The nurse sat down next to the mother and informed her she was ready to push the baby out. The mother gripped the rails on the bed harder as her heels dug into the lower half of the bed. Her hips pressing down into the bed as the doctor widened her legs, searching for the baby near the cervix. The mother kept pushing, her screams getting louder and redder.

There it was. There was a push where the baby's head was clearly exiting the cervix. The mother stopped screaming and pushed harder than ever. That climax, the moment where the mother has the least energy in the entire delivery, yet the moment which is the most taxing, requires every last ounce of strength and power the mother has to offer. That push was what helped the baby's head completely emerge out of the cervix.

The scene was unforgettable. When a baby is put on a bed after delivery, their heads seem so small, but in the context of exiting the cervix, the baby's head looked larger than I had remembered. The nurse held the baby's head firmly and guided them out, the umbilical cord falling to the bed after the baby's stomach was visible.

That first cry felt like the end of a war, signifying victory. The discord of childbirth ended in the harmony of a newborn's voice working for the first time. Tears were streaming down my face in joy, surprise, and excitement. The mother lay in bed with her head rolled back, panting heavily, yet with unimaginable grace which I could not fathom. After staying in that room alone for hours, without any numbing medication to aid with the pain, here she lay after expending the most energy in her life, in a short burst of time, where she was at her weakest. The gift of being a mother was what she received in return — the greatest, most almighty title a human can be awarded.

My mood was uplifted, and the adrenaline pulsing through my veins had me looking towards the next birth I would have the pleasure to witness. The mother at the end of the department was expecting a C-section soon. I felt separate from the phrase until I was fully scrubbed in, masked, and sitting at the chair in the operating room. The gynecologists in the room had done hundreds of these operations. One of them even told me they prefer C-sections over vaginal births because of how clear cut the procedure is. There is much unexpected and blurry in vaginal births, but C-sections are based on anatomy. The rest of the complications — resuscitation, fluid blockage, physical impairments to name a few — were procedurally handled the same for both situations. It gave me a bit of comfort hearing that going into this.

The first incision was made across the lower belly by the first gynecologist, slicing through the top layer of skin. A second run through with the same blade was made as a second gynecologist took her hands, reached into the incision, and pulled the tissue apart. The sound of the skin tearing and the gush of blood which exited was rapid, each second crucial in understanding what needed to be done next. The first gynecologist then reached inside and felt for the baby's head. Once she found it, she used one hand to hold the back of the head as she guided it out of the incision, now a gaping exit serving its original purpose.

The baby came out, eyes shut, arms and legs limp, motionless, without a single noise made. She was handed over to the nurse after being separated from the umbilical cord. Placed under a radiant warmer, the nurse held her upside down and began pelting her back, brushing towards her mouth. No liquid fell out and the baby did not cough. The nurse took a tube and inserted it into the baby's nose, guiding it down her gastrointestinal tract, sucking out any fluid clogging the system. Nothing came out. The nurse then began resuscitation. The ratio, fifteen chest compressions to two breaths, was at perfect pace. After a few cycles and another nurse rotating in with the original, the baby's chest began to rise to a hardly observable height. After a few seconds, the rising stopped and the baby stopped breathing again. CPR was started again with the fact in mind that the baby was alive. In a blur of dehydration and uncertainty, I left the operating theater and went back downstairs after scrubbing out.

A few minutes had passed and the doctors from the C-section came back downstairs. I rushed up to them, asking what the situation was looking like now, my smile wide under my mask and my eyes wide in questioning.

"We gave ten minutes of CPR and the baby's chest was not rising enough to be fully filled with oxygen. The mother is in critical condition, worse than we had expected, but she is underway for healing and should hopefully be alright" one of them responded.

"So, the baby is in the NICU right now?" I was confused.

"No, the baby has passed," she replied.

The cycle of life has three distinct stages. First is birth — the initial test. The test of determination juggling with strategy. So much can go wrong during delivery, but those who make it are the lucky ones, the chosen ones protected by fate and luck. Second is life — the unpredictable stage. Here is where people live and experience as much as they can with the limited time they are promised by the fate and luck they were adorned with at birth.

Last is death — the conclusion. The ending of multiple chapters which compile into an unreplicable story, one unique to every soul who graces this planet. Millions of people die of heart attacks each year, but every single case is unique. No one has the exact same blueprint as another patient, and despite this constant uncertainty, doctors take the task of analyzing every patient on the spot as they pour their soul into saving lives. Doctors see a side of the world which no one else does. The constant beeping of vital monitors, the screams of patients coming from all sides of the hospital, white sheets covered in blood, scenes which the average human could never immerse themselves into everyday.

Astrophysicist Neil DeGrasse Tyson once said "You can only die if you were ever alive." (Tyson, 2023). Living is a requirement before death. Without living, life cannot start or end. Death is not possible having never been alive. When people say that parts of themselves have died, it constitutes that those parts must have been thriving, bursting with life. The concept of death is abstract but rests on the sole basis that we are experiencing what Earth has gifted us with to the best capacity and interest we hold. Every human is incredibly fortunate to beat the odds and say they are alive, and even say that they have the privilege of calling their end a death.

What truly makes someone feel alive? The burning question which everyone prays to have a solid answer to one day. To find the fulfillment their heart desires to remember for a lifetime. I can say that I truly felt alive after my time at Coast General, after witnessing a snippet of the world of medicine. To witness life being juggled with death inches away, knowing that one day I could be in the position of saving the patient has motivated me more than ever in confirming my choice to study medicine in the future. Realizing the privileged life I have been gifted with and the opportunities which the world is offering me has inspired me more than ever to trust the journey ahead. The mountains I will climb and valleys I might get stuck in will be some of the most taxing and difficult moments in my life, but the outcome of being able to serve the society which has allowed me to feel pure gratitude and fulfillment will motivate me now more than ever before to strive towards my dreams.

Richard Dawkins said in his book Unweaving the Rainbow: Science, Delusion and the Appetite for Wonder, "Most people are never going to die because they are never going to be born." (Dawkins, 1998). There was an astronomically large possibility that every human who exists today would have ceased to exist, based on the sole reason that the chance of us being born was nearly improbable. As a

population of eight billion, the care and support humans have developed to strengthen our chances at survival is admirable, yet the only reason we believe we are the smartest species to exist on Earth.

After being gifted with life, I want to gain an augmented view on mankind. After leaving Coast General, the little parts of life which once bothered me seem negligible in the bigger picture. That holistic view on all the struggles and successes humans undergo allows my heart to swell with gratefulness and curiosity — a feeling which studying medicine will enrich and lengthen.

Humans only experience life on planet Earth, one of the most special planets because it can sustain life due to its large quantity of water. In Mombasa, knowing that not all water is safe and there must be bottled in order to ensure no contamination, yet realizing that people cannot afford this and 41% of Kenyans must resort to taking the risk, landing them in the hospital due to contracted diseases, struck my heart. According to UNICEF Kenya, while 59% of people have access to safe drinking water, 9.9 million people drink directly from contaminated surface water sources (UNICEF Kenya, n.d.). Seeing the lines of people flooding the pharmacy booths to pick up medicine which they could barely afford was difficult. The reality which I witnessed everyday as I walked into the hospital was melancholic, yet I only found it to be due to having another situation to compare it to — the reality I was presented with at home. Never once had I worried as a child if I would receive medicine to cure my colds or not. Never once did I wait for more than ten minutes to get an X-ray for any of my sprains and fractures. The lack of doubt and subliminal trust I had in the healthcare system in America was on a procedural note.

In Mombasa, never once had I seen a doctor not know a patient's name, despite the fact that they were responsible for over twenty patients. Never once had I seen a doctor with a still or frowned face when greeting others, even those who had no idea what these doctors did everyday. Never once had I doubted the passion, affection, and humanity of the staff at Coast General. Every single soul which worked their way through medical school was not there for the respect, wealth, or title, but for the sole purpose of serving their community. The ability to be so genuine is rare to find, yet I found it in every single doctor in the hospital. The love, cohesion, and collaboration in the healthcare system in Mombasa was one I had on an emotional note — a stirring feeling which will forever keep me connected to medicine and the newfound passion I have gained for it.

The gratitude and appreciation I have gained from all the doctors, staff, and community at both Coast General and Mombasa is unremarkably large, a feeling I could never express through my words, simply through my experiences. Even from the perspective of finishing high school, the minimal exposure I have had in America to the healthcare industry has allowed me to notice the stark differences between both countries. In Mombasa, the love for all people and sincere, heartfelt motivation to serve people surrounds the actions of all staff in Coast General. The wholehearted

welcomes and introductions, the depthful synopses provided even through a busy hour of work, and the honest camaraderie I have built with the people and doctors here are one-of-a-kind. I walked out of the hospital the last time, never doubting for a second that I would forget what I had the privilege to experience, from the specific cases to the names of the doctors. My heart has been imprinted permanently with the benevolence and radiance of Kenya.

Healthcare is a field where all three chapters of life are served at the closest proximity. People who choose to embark down its path witness sights which only a limited amount of people can truly handle. The keen interest, scientific passion, and emotional want to serve others is what keeps these few ones motivated to push against adversity. As Tyson and Dawkins have put it, being alive is a privilege. Everyone answers to it differently. To find that fulfillment deep in my heart and to live a life where I gain deeper gratitude and appreciation for being alive, a career in medicine carries the answer. My time in Mombasa confirms that, and the love I have received from International Medical Aid and from Kenya is one I will carry in my heart forever.

Asante sana, Kenya. We will meet again.

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