



Nanorò: Meditations on a journey

“Look at yourself, your appearance includes and confirms what your soul is” These verses taken from Walt Whitman’s *Leaves of Grass*, come back to my mind while I admire with the critical eye of a European, the multicoloured microcosm that fills the streets, surgeries and wards of Nanorò’s medical centre, every day. The irreducible uniqueness of man, a indissoluble blend of both body and soul which is asserted by the poet in a courageous antithesis with Descartes and his prevailing philosophy at that time, is proved right in this remote part of Africa. The natural elegance of demeanour, the beauty of traits, the harmony of the gestures combines with the meekness, dignity and the cordiality of the people of the land of the “honest man”. And so at the market, or along the unsurfaced paths or in villages of bricks of clay dried in the sun, one is greeted by the same dust of laterite, and the same sincere smiles which make it difficult to say which of these memories remains deepest.

Within the hospital walls and beyond the gates, one finds the small campsites of the patients’ relatives with the cinder remains of the meal cooked the day before, and still lying on the ground, the coloured sheets which make up their bed. In this corner of the world, even minimum distances are considered journeys because of the lack of transportation; on foot or by bicycle, the more fortunate on a motorbike. Patients’ relatives are integrating part of the assistance: they are responsible for cleaning the rooms, for making the beds, assisting the sick, what for us seems a colourful page taken from a diary about a journey, is a reality, daily practice in order to survive. There is a lack of many things such as sacs for bladder wash-out which are replaced by sacs normally used for the drip, in which a hole is practised at the bottom to allow the outflow of water. Relatives have to fill them up when necessary, just as it becomes their duty to check that catheters don’t get obstructed and to empty disposal sacs.

In front of the medical surgeries, patients stand waiting in a dignified manner. They arrive from afar, hours of journey for a consultation that could change their otherwise inevitable destiny. In a land that is poor of resources and opportunities the only accessible wealth to all

indistinctively is time. No protests, no complaints: the seriousness of illnesses is difficult to accept for those doctors who come from a different situation of preventive medicine and early diagnosis. These people seems to cope well with symptoms as patients after surgery that apparently don’t know the meaning of postoperative pain. “*Tres bien*” and “*ça va*” are the usual replies you are expected to hear against the evidence of facts, not to mention the echo of “*merci*” repeated by friends and relatives. More than a cultural heritage this seems the fruit of a collective ancestral memory of people whose life is marked inevitably by pain and suffering. Few hours are sufficient to become aware of the necessity to break free from the cultural stratifications that have altered our profession and to regain the old and true meaning of practicing medicine. Today patients have become clients of hospitals who satisfy their needs. The single patient doted of self-determination and who can take part of the decision about therapy, is thousands of centuries away in history. Similarly, when medicine was not yet a science but an art, the relationship between patient and doctor was paternalistic, protective and the doctor was ethically aware of his goal: the well being of the patient.

In an environment in which instrumental support is almost inexistent and when it is existent, scarcely reliable, it is down to the clinical examination to solve the problem of different types of diagnosis. The relationship with colleagues of other specialties hosted in the centre, loses its sense of defensive medicine and of sole necessity to confirm data, and becomes an unforgettable experience of practice carried out in harmonic collaboration. Where there is a lack of complementary resources (oncology, radiotherapy, pharmacological therapy, etc.), surgery seems to be in many cases the only therapeutic chance, an on-off treatment that does not allow elegant classifications and score gradings. A low-cost and low-technology surgery, etymologically based on the surgeon’s skill, faces the seriousness of certain diseases which the western world of medicine is not used to, and nevertheless obtains objectively surprising results.

Our approach is to reduce patients into single and more simple problems dividing them in separate systems and organs that are then analysed by specialists and super specialists, this is out of place in this land.

The diagnostic-therapeutic work-up should take into account not only the means available and the general conditions of the patients but also the almost impossible management of chronic diseases (few people can afford to buy medicines), the logistic and practical difficulties of adhering to any follow-up, the cultural and economic contest, and of the family and social dynamics. A 39 year-old woman with a third-degree genital prolapse asks if it is possible to avoid hysterectomy because she is the mother of “only” two children and infertility represents degradation as well as a social handicap in a society where polygamy is practised. Therefore, what for us is a question of responsibility in terms of adequate management and treatment becomes a more complex reality because it has to take into account social ethics.

Difficulty to bridge a gap between the practical possibilities and sanitary needs is insurmountable and stems inevitable considerations on the modality of distribution of insufficient medical assistance. The viewpoint of those who want to increase the sense of responsibility and a more progressive civic conscience even with the contribution of individual patients towards medical expenses finds no response. It is difficult to accept especially in paediatrics that a child cannot be operated for lack of funds. Obviously many have offered to finance the insignificant cost of a medical kit, following Dr Gino Capponi's example. He has been operating in Nanorò for almost nine years. However one is aware that charity alone cannot alter the destiny of a country, and that it takes more than one drop of water to fill an ocean. A patient asked if it was possible to postpone his operation because he wanted to sell a hen in order to obtain the money necessary to finance his operation.

It seems to be unnecessary to underline that the one same situation can be seen from different viewpoints depending on the social and cultural background of the people who operate in this reality, but who work together to obtain the same goals.

Meditations, “deepest remains” that together with an extraordinary human experience are part of the baggage of that journey. A work of art goes further than the single materials that make it up. Just as a picture is much more than the single colours brush and canvas, or a symphony is more than the pen and paper used to write the notes.

At departure on the pick up that took us to the airport along the unsurfaced road surrounded by mango and baobab trees, while the small building that is the hospital disappears behind us, one thinks that in Nanorò too, there is a work of art that surpasses the sum of its single parts, thanks to the humanity and the ability of the people who allow it to develop day by day.



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