

## WORLD WIDE MED

GLOBAL PERSPECTIVES ON MEDICAL PRACTICE

## Inspired to Promote Health Care in Haiti

During a break from an exhausting day of her residency in Atlanta, Dr. Charmaine Lewis stepped into a downtown church near the hospital where she worked in search of some inspiration—and found a new focus. People at the church were passing out flyers to attract volunteers to help with a project called ServeHAITI.

“I was a French-speaking physician, so I thought I would try it out,” she said. “It felt like fate or divine intervention at the

time, and it certainly changed my life and even changed my focus in health care.” Dr. Lewis earned her MD at Baylor College of Medicine, Houston, in 2002. She had secured a coveted fellowship in critical care medicine, but decided that her passion was for public health, and she completed an MPH program at the University of South Florida, Tampa, in 2008, with an emphasis in global health.

“Medicine is wonderful, and I’m happy with my training, but when you go to a place like Haiti, the ability to affect the health of hundreds or thousands of people with a good public health program is very alluring. I hope that my MPH will help me design programs that are simple and effective to improve the quality of life for our Haitian friends.”

ServeHAITI is a nonprofit, faith-based organization with a goal of empowering community leaders to promote a better quality of life, including improved health care, for people living in the impoverished region of Grand-Bois, Haiti.

**How much time have you spent in Haiti so far and how much time do you spend there on each visit? Do you spend the balance of your time as a hospitalist in the United States?**

I usually go to Haiti for 2 weeks at a time, about four times per year. Sometimes the grant calls for shorter additional trips to Port-au-Prince for meetings. I’ve also spent almost a month once doing a soil-transmitted helminth survey of schoolchildren that consisted of a team of us backpacking from school to school with microscopes.

The Saint Vincent de Paul Health Center is located 55 miles east of Port-au-Prince near the village of La Toison in a rural mountainous region of Haiti called Grand Bois. The region is served by one treacherous and poorly maintained road, and it takes an average of 5 hours to travel the 55 miles to our facility. The region’s economy is based on subsistence farming, although a lot of residents cross the border to work on coffee or sugar plantations in the Dominican Republic.

I am a full-time hospitalist the rest of the time, which is a nice career for me because I have enough time to get to Haiti frequently, and it keeps my skills up for practice there.

**What type of medicine do you practice in Haiti? Do you always work in the same health center?**

The health center does primary care for the most part, but we do have an inpatient ward. Most outpatient consultations consist of patients with hypertension, gastroesophageal reflux disease, diarrheal diseases, and infections, such as cellulitis or tuberculosis. I have had some very interesting cases of congenital heart disease, and some very interesting presentations of tuberculosis.

Children are seen with a wide variety of disorders, but the most common problems are upper respiratory tract infections, diarrhea, febrile illnesses, malnutrition, or rashes. We also do prenatal care and deliver about 30 babies per month at the facility. I try to stick to adults, because this is what I am trained to do here in the States, but the fact is that when you are only one of two doctors for 60,000 people you can expect to help out in whatever way you can. I never cease to be amazed about what I learn when I am there.

We have a full Haitian staff at the facility, including a skilled and dedicated Haitian MD, Dr. Leopold Bourgoquin. He works hard to keep the people alive and healthy. We also offer dental care, including composites, which is a rarity in Haiti because there are very few dentists.

**What do you enjoy most about practicing medicine overseas?**

Some things are wonderful—the miracle of penicillin is still a reality there, and it is wonderful to save a baby or postpartum mother with something as simple as antibiotics. I also enjoy the fact that some of the stressors of life as an MD in the United States are not there. It’s just me, the patient, my history-taking skills, and my physical exam that make diagnoses. We have very limited diagnostic capabilities, so we can’t rely on tests to make decisions. This was hard for me at first, having trained in the United States and having everything at my disposal. Also, it’s a wonderful challenge to perform a procedure with limited supplies—there are no thoracentesis kits in Haiti!

**What are the greatest challenges of practicing medicine in Haiti?**

Like many things in life, the same things that are thrilling about working there are the things that break your heart. We have seen increasing mortality from preventable diseases, like malnutrition, including in children who we worked very hard to save in the first days and months of their lives.

We have such an investment in the people and families there, and it is hard to see them starving because of a dry season, or inflation, and not have a quick answer for their problems. We don’t have the capacity to diagnose some diseases in our hospitalized patients, and it’s frustrating to me to know that an ABG [arterial blood gases test] would make a difference, for example, but this is not available to me. Also, health education is lacking, and patients often don’t understand the concept of control of

chronic diseases. Lastly, the alternative health care services in the region are mostly defunct, so public facilities in Port-au-Prince are the last resort, but offer either poor quality of care or are just too far away for a sick person to travel for treatment. These are all the external things that make it a challenge.

The internal things are different. As an internist in the United States, if I feel uncomfortable with the care of a patient, I ask for a consult or refer them on. This isn’t an option there. Sometimes I don’t trust that my care in this tiny village is better for the patient than referring them on. But I’ve seen several examples where we have referred a patient to a larger hospital, and seen the care they get, and I have learned that our quality of care is by far better than the average.

**What have you missed most about U.S. medical practice when you are overseas?**

Ultrasounds, CTs, and MRIs! The nice, routine way that hospitals are run in the United States. But I have to say that you can come to many of the same conclusions without a lot of fancy tests, and our staff in Haiti does a great job keeping everything running, nearly every day of the year.

**How has practicing medicine abroad shaped your view of what it means to be a doctor and what constitutes good health care?**

I don’t know if it shaped my view of what it means to be a doctor—but I can remember my first trip to Haiti and thinking, “This is what I thought practicing medicine would be like.” It’s not about malpractice and paperwork and Medicare regulations and throughput. It’s really just you and your patient and the good care you can offer them, which is worth gold to people who have never seen a doctor. When you work as hard as the people there do, health is your main commodity. As far as being a doctor, there isn’t a pager to turn off and on, or an answering service to call. You can’t say, “I’m tired of being a doctor today.” Dr. Leopold can’t go anywhere in that region without knowing that he is needed. That’s a heavy responsibility, and not something American physicians have to feel much anymore. Maybe the rural internist or family practitioner does, but not the urban doctor, and not the hospitalist.

**On the basis of your experiences overseas, what do you think should be done to improve medical practice and health care in the United States?**

We have the same issues of poor access to health care in some regions and for some



Dr. Charmaine Lewis and others did a survey of soil-transmitted helminth by lugging microscopes around Haiti.

ethnicities in the United States that you find in developing countries. My family always asks if I can just work with a minority population in an inner city instead of traveling to a moderately dangerous location. Maternal mortality is dismal in the United States, compared with other developed countries. Cost of care in the United States is moving toward prohibitive figures, and physicians are leaving the practice of medicine because of fears of malpractice and a growing discontent with their quality of life and compensation.

I think a major overhaul of the federal system is the only thing that would truly make a difference, but I am not sure that the voting American population will ever agree to that. And it won’t result necessarily in physicians being better compensated. American health care focuses on quality (meaning the ability to diagnose and treat any illness, at any age), and not quantity, or we would be able to care for all of our residents. And we should continue to look at ways to reduce medical errors and have stronger scientific evidence about quality-control measures.

**What advice would you give to physicians who may be interested in working abroad but are unsure of what impact this move might have on their professional and personal lives?**

It’s a cliché, but a lot of people still go into medicine to “help others” and struggle to find the emotional connection to people in today’s U.S. medical climate. I don’t get monetary compensation for what I do in Haiti, but it pays in ways that cannot be counted. I have found myself to be happier in my professional life, even in regard to my position as a hospitalist, because of my volunteer activities. ■

—Interview by Heidi Splete, Senior Writer

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