



Out of Africa

One of few surgeons in the Eastern Congo, Dr Luc has seen huge benefits in a recent trip to Brisbane and the ASC in Auckland

Dr Malemo 'Luc' Kalisa, one of only six qualified surgeons in Eastern Congo which has a population of approximately 30 million people, recently spent four weeks at the Princess Alexandra Hospital (PAH) in Brisbane and attended the Annual Scientific Congress in Auckland through funding provided by the College.

A recipient of the Surgeons International Award, Dr Luc was nominated by Mr Neil Wetzig, Breast and Endocrine Surgeon and Senior Visiting Surgeon at the PAH, who met Dr Luc during a visit to the strife-torn region in 2003.

Then working at the HEAL Africa hospital in Goma, one of only three tertiary hospitals in the Democratic Republic of Congo (DRC), Dr Luc was so committed to improving the medical care he could offer his patients he gave up his position as Senior Resident and left his family to travel to Kampala, Uganda, to undertake a three year surgical degree.

Throughout years of unrest and violence, Dr Luc focused on his studies to graduate

in 2010 and upon his return to Goma became the Director and the only General Surgeon in the 155-bed hospital which is solely funded through overseas aid sources.

Speaking at the end of his visit to New Zealand and Australia, Dr Luc said the five week trip had been invaluable not only in enhancing his surgical skills and knowledge, but for the opportunity to meet other surgeons and to explain the enormous surgical need in his country which has been largely isolated due to years of violence.

"I am a better surgeon than I was five weeks ago," he said.

"I am the only general surgeon at my hospital for six million people which can be an isolating experience so it was good to have many discussions about surgery at the Auckland meeting.

"I also learned a lot at different sessions particularly about the modern treatment of trauma, gastric surgery and breast and goitre surgery, all of which are major problems in my country.

"I also lecture and teach in Goma and

I learned new ways of teaching which I think will be important."

Dr Luc said that he was hopeful that the new UN-mandated peace-keeping force led by the African Union which has recently entered the region could finally bring some much longed-for stability.

This in turn, he said, could allow for more international surgical assistance to be provided in Goma along with the development of broader professional ties.

"I am hopeful that the African-led peacekeeping mission will stop the fighting in Eastern Congo and allow us to rebuild and when I return I will be going to Kinshasa (capital of DRC) to lobby for official support for trauma training and services," he said.

"Even here, I've found more and more people are aware of the medical needs of my country and two surgeons I think will be arriving to help us at the hospital because we now feel that peace is coming.

"I hope to be a leader of surgery and surgical education when I go home, but I know that we have a very long way to go.

"I was very glad to be able to show pictures of my hospital and patients and present statistics to surgeons and doctors in Auckland and Australia and I believe we will now gain more and more support and that makes me optimistic.

"I would also like to establish formal networks between my hospital and medical school in Goma and Australian surgeons when the security situation is better."

Dr Luc said he especially thanked Dr Wetzig for his mentorship, encouragement and support over the past seven years. He said he was now skilled at treating goitre disease through the training provided by Dr Wetzig. This is a particular problem in that part of Africa because the volcanic soil limits what can be grown, leaving an iodine-deficient diet based around cassava.

He also said he had particularly enjoyed working alongside Australian surgeons and doctors and nurses.

"I have been co-ordinating visits by US teams to the HEAL Africa Hospital for many years, but Australians are different because they ask us what we want, what we need and how they can help us rather than telling us what we should do.

"It is a true collaboration and that makes me very keen to establish strong links with Australia because it has surgeons with the best skills, the best health system and they are the best people to work with.

"I am also grateful to the College and the people in the International Section who helped me with the visa and travel arrangements because it was very stressful for me to get here, but they just kept working to make it possible."

Mr Wetzig not only encouraged Dr Luc to complete his surgical degree, but also helped to establish a charity, AusHEAL, to support Dr Luc's hospital.

Having worked at the Goma hospital and outreach clinics every year since 2006, Mr Wetzig said he knew Dr Luc had the potential to lead surgery in Eastern Congo and was pleased to be able to help.

He said that while Dr Luc could not operate during his time in Australia, surgeons across all specialties at the PAH had actively welcomed him into theatre to watch and learn the procedures of interest to him.

"I asked him at the start what he wanted to learn and he specified Upper GI, some Neurosurgery, abdominal

"I am a better surgeon than I was five weeks ago"



Top: 2013 ASC Convocation Luc Malemo with hosts Gwen and Neil Wetzig
Above: Dr Luc in theatre at Princess Alexandra Hospital

surgery and to see how we teach students and Trainees," Mr Wetzig said.

"I also wanted him to see how we ran our operating theatres, the sterilisation process and access to instruments while also showing him the running of the whole surgical department including morbidity and mortality audit meetings.

"Dr Luc is extraordinary so it is a delight to be of assistance. He is highly intelligent, extremely keen to learn, but perhaps most importantly he is very keen to share his knowledge which is not common in Africa where knowledge is power which equates to status and money.

"He stayed in our home during his time in Brisbane and was a delightful guest and I was thrilled to see how my colleagues embraced him."

Mr Wetzig said he first visited Goma

after Dr Luc's boss and founder of the HEAL Africa hospital in Goma (a Congolese Orthopaedic surgeon) came to Australia asking for specialist visits. He went there in 2003 for an exploratory trip to see if such visits were feasible.

He then led the first team visit in 2006.

That team now includes core members: Plastic and Reconstructive Surgeon Paul Millican, Anaesthetists Dr Anthony Fisher and Dr Peter Tralagan, Radiologist Dr Murray Thorn, Radiographer Mrs Sue Reid, Dentist Dr John Yared and retired hospital administrator Mr David Kelly to teach hospital management systems.

Mr Wetzig's wife Gwen co-ordinates the logistics for the team and teaches English during the trips while Robin Yared, an educationalist, helps with teaching and training techniques for the medical teachers. ▶

Royal Australasian College of Surgeons
Nominations invited for the
SURGEONS INTERNATIONAL AWARD

The Surgeons International Award provides for doctors, nurses or other health professionals from developing communities to undertake short term visits to one or more Australian or New Zealand hospitals to acquire the knowledge, skills and contacts needed for the promotion of improved health services in the recipient's country.

The Award may cover a return economy class airfare, necessary accommodation costs and living expenses for the recipient. The value of the award varies up to a total amount of AU \$12,000, depending on the requirements of the candidate's program.

Fellows participating in the RACS International Development Program or international outreach work are encouraged to nominate worthy individuals they have identified while undertaking outreach work.

Fellows who nominate worthy individuals with whom they have had contact must be willing to accept the responsibility for arranging a suitable program and acting as a personal host to the award recipient.

NOMINATIONS MUST INCLUDE

- > Personal and professional information concerning the nominee;
- > Objectives of the proposed visit;
- > Anticipated benefits to the nominee and their home country;
- > Names of the International Development Program team members responsible for organising the visit (including accommodation, training program and travel within Australia);
- > An outline of the proposed training program and activities; and
- > Letters of recommendation from the nominee's hospital and/or Health Department with an indication of the local importance of any upskilling resulting from the Award.



Dr Malemo Luc Kalisya from the Democratic Republic of Congo was supported to participate at the RACS ASC 2013 in Auckland, and undertook a four week hospital attachment at Princess Alexandra Hospital under the mentorship of Dr Neil Wetzig. Dr Wetzig has been working with Dr Luc and his colleagues during annual visits to the D.R. Congo for over 10 years.

CONTACT INFORMATION

For further information or to submit an application

International Scholarships Officer
Royal Australasian College of Surgeons
College of Surgeons' Gardens
250 – 290 Spring St, East Melbourne VIC 3002, Australia

Or by fax or email to:

Telephone: +61 3 9249 1211 Fax: +61 3 9276 7431
Email: international.scholarships@surgeons.org



Dr Luc outside the Princess Alexandra Hospital

"I love my trips there and it is hard not to fall in love with Africa and its people over time," Mr Wetzig said.

"But it can be stressful not just because of the unrest, but more because you see medical conditions and advanced pathology that you may never have seen before and you have to work in poor conditions with little backup and no high-tech equipment.

"Sometimes I find that hard, but I just remember that if not for the help I can provide, the patients will continue to suffer and sometimes die and so I just do the best I can.

"The people are also very appreciative and gentle despite what you might expect in such a restive region."

Mr Wetzig said AusHEAL had only been established in recent years and was now receiving some private and corporate donations to support educational and training opportunities for the Congolese hospital staff as well as medical and IT equipment and supplies.

He said that, although the College's main focus was quite rightly the Asia-Pacific region, he hoped the College might continue to offer some support to surgeons working in Africa.

"Dr Luc gave a very compelling talk at the ASC about surgery in isolation even in terms of being unable to consult anyone about difficult cases and if he is saying he would like professional support I would like to think we might be able to provide it," Mr Wetzig said.

"The College has an international profile and we have the potential to improve medical care wherever the need may be, not just within our own geographical region and I think as Australians we have a desire to 'help the underdog'.

"This part of Africa has been largely forgotten because of instability, but if the peace-keeping mission works as planned I think it would be wonderful to help Dr Luc and others to become the best surgeons they can be."

Mr Wetzig is planning another visit to Goma in August.

For further information about AusHEAL and how you may support it please email info@ausheal.org

With Karen Murphy

Training surgeons and informed consent

A balancing act between the need to train and duty to inform a patient



The extensive training programs for medical practitioners provided by teaching hospitals and medical colleges are integral to the growth and success of the medical profession. While, it is important that Trainees are exposed to as broad a range of practical situations involving the treatment and care of patients as is possible, important questions remain when one considers the implications of informed consent and its relationship with the involvement of Trainees in surgery. It

should be the goal of all stakeholders in the medical industry, and for the wider public, that a balance be struck between the need to train doctors and the duty to adequately inform a patient.

The issue is one of disclosure, and the extent to which standard consent forms adequately discharge legal duties to inform patients of material risks in surgeries. This report will examine the current legal position in Australia and New Zealand pertaining to this

issue of adequate disclosure where the involvement of a Trainee could be seen as a material risk.

Delegation

The first issue that must be examined when looking at whether or not full disclosure of material risks and thus, informed consent, has been achieved is that of delegation. Typically, it is up to the treating doctor to advise a patient of all material risks associated with a surgery and to obtain informed consent.

However, it is also normal in many hospitals for a doctor to delegate this responsibility of obtaining consent to assisting doctors or Trainees. Nevertheless, it must be noted by treating doctors that it is their personal duty to inform a patient of material risks associated with a procedure and in instances of delegation, it is the treating doctor who will be liable for any breach of this duty by those who attempt to inform a patient.

Informed Consent

The Australian legal position with respect to informed consent comes from the matter of *Rogers v Whitaker*, decided in 1992.¹ In this matter, the High Court of Australia examined the scope of a doctor's duty to inform a patient of all material risks related to their care and treatment. In a joint judgment, the unanimous Court reasoned that:

*"a risk is material if, in the circumstances of the particular case, a reasonable person in the patient's position, if warned of the risk, would be likely to attach significance to it or if the medical practitioner is or should reasonably be aware that the particular patient, if warned of the risk, would be likely to attach significance to it."*²

In other words, a doctor, in informing their patient of risks associated with a certain treatment, should consider whether or not a patient would be likely to change their mind about undergoing the procedure.

The implications of this are considered by the Court in *Rogers v Whitaker*. For example, the Court noted that even in situations where a reasonable person would not attach significant risk to a course of treatment, if a doctor ought to have realised that a certain patient was