

WORLD WIDE MED

GLOBAL PERSPECTIVES ON MEDICAL PRACTICE

From Europe to Africa: Moving to Make a Difference

Dr. Timothy Meade first embraced the challenges of an international medical career when he went to practice medicine in Russia not long after completing his internal medicine residency at California Pacific Medical Center in San Francisco. Dr. Meade earned his medical degree at the University of Minnesota, Duluth, in 1986.

Dr. Meade spent 10 years in Russia, where he practiced as part of the medical team serving the British Embassy in Moscow. While in Russia, Dr. Meade spent a year working on a Doctors Without Borders project in the Ukraine, which sparked his interest in treating HIV and tuberculosis in orphans

and underserved pregnant women and children. In 2003, Dr. Meade moved to Zambia, where he has lived and practiced medicine for the past 6 years.

Dr. Meade currently manages the Corpmed Medical Centre, a large outpatient clinic in the capital city of Lusaka. This position allows him the freedom and income to pursue his passion to provide HIV care to underserved women and children, especially orphans.

"I always had the desire to explore other cultures, and I love the challenge of a new culture and an unknown language," Dr. Meade said. Moving from Russia's complex medical system of super-specialists to resource-scarce Zambia was a difficult transition, Dr. Meade said. But he relishes the opportunity to give back to those in need. "I consider myself to be extremely fortunate to have found a way to have an impact and have the highest level of job satisfaction," he said.

What is the nature of your charitable work in Zambia?

In addition to my work at the outpatient clinic, my parents started a charitable foundation called Tiny Tim and Friends (TTF). TTF focuses on orphans and vulnerable children, as well as pregnant women, from the poorest compounds surrounding Lusaka. These people should, theoretically, access the free programs sponsored by the ministry and by several nongovernmental organizations working here. But we know that orphans are often brought late to care, if at all.

We visit schools, transit homes, day care centers, and small village gatherings to screen children for HIV. Infected children are enrolled and started on antiretroviral therapy, while we attempt to stabilize their social, nutritional, and educational situations before transferring them to the public system. This usually takes about 6 months. We do not want to compete with the public HIV antiretroviral care system. We want to augment it for the most vulnerable population through a focused intervention. So far, it has been overwhelmingly successful.

TTF is a volunteer organization, and we rely on volunteers from all over the world, mostly from the United States and Europe. Many of our volunteers have no medical background at all, but most are medical students, residents, retired physicians, nurses, or clinical practitioners. With their help, our team is screening more than 1,000 orphans and vulnerable children in the Lusaka area each month.

What are the some of the challenges of practicing medicine overseas compared with the United States, even in a modern medical facility?

Working in Zambia can be difficult because of the lack of qualified consultants at our disposal. You must often do things yourself that would normally require a consultant elsewhere. If not for the Internet and the steady stream of medical journals, it would be easy to feel isolated. There are some subspecialties represented here, but it is very different from the U.S. mod-

el of clinical practice based on primary care as the gatekeeper. One has to learn to play every position on the field, or things are left undone and the patient can suffer.

What have been some of the most unexpected rewards from your overseas experiences, in the past and during your work in Lusaka?

During my first year in Zambia, an HIV-positive pregnant mother gave birth and asked me to care for the child. I had been thinking of adopting a child anyway, and after her death, I adopted her son. She had named the baby Tim, and when my parents started the charity, they named it after my adopted son, who is now 6 years old. That's how Tiny Tim and Friends got its name. Being a single parent and running the clinic and the charity would be completely impossible if it weren't for the great Zambian team that supports me here.

In your opinion, what are some of the keys to making as great a difference as possible in the health of an underserved population?

I encourage the team to focus on the person who is directly in front of them, and not to think about the many more waiting to be seen, outside under the tree. Efficiency and focus help to keep us going, as does knowing that there are people back home who keep our program alive with small donations via the Web site.

Inevitably, there are days when we feel overwhelmed by the sheer scope of the problem here, but then one of the beautiful kids we support will do or say something funny, and we have a good laugh and work through it. For me, the rewards have been huge. A career in international medicine has made all the difference in the world to me, and I would encourage any medical student who has an interest to pursue it. There weren't any specific international medicine departments that I knew of when I was coming up through medical training, but there are less formal ways to get there, and one of these is through the private sector, as I did.

Based on your experience at Corpmed Medical Centre, how does the medical training in Zambia compare with that in the United States?

The structure of medical training in Zambia is closer to the British system, because it was a British colony until 1964. The main medical school, operated through the university teaching hospital, produces high-quality physicians, many of whom have seen pathology that few North American physicians would ever see. Because of the low-resource environment, health care professionals rely more heavily on a careful history and physical findings. But limited resources also limit the therapeutic options and often lead to a more "syndromic" approach to treatment.

Of course, our biggest problem is that trained professionals leave Zambia as soon as they can, to make significantly more money in neighboring countries and as far away as the United Kingdom and Australia. This drain on our health care community may be Zambia's single biggest problem with health care.

How have you found the doctor-patient relationship different in Zambia than in the United States?

With so many patients and so little time and resources, there is often a more abrupt bedside manner here, which Zambians have come to accept as normal. Respect for modesty and certain concepts of patients' rights have been sacrificed in order to serve as many people as pos-

sible. In some rural settings, the brief interview, the exam, and the treatment all take place in a central waiting area, with others in the room. While most North Americans would find this practice totally unacceptable, it is not seen as unusual or unethical here. The amount of serious illness and the shortage of staff and supplies can lead to some very tragic outcomes, with some patients expiring in the waiting room while waiting to be seen, or violence against the nurses or doctors by patients who are desperate for help.

Do you have other outreach programs related to your clinic and charity work?

We do make time for educational talks to students, clinical officers, and nurses in training. We also feel strongly about educating Zambians about HIV treatment and prevention. Stigma is still a major obstacle to accessing care here, and a little learning goes a long way. We have found that explaining the good news about treatment options is crucial to both prevention and acceptance of screening.

Is it feasible for interested U.S. physicians to volunteer in your center for short periods of time or to help with your charity work (if they are willing to pay their own way)?

We welcome volunteers from all walks of life. But we need our volunteers to be extremely independent and



Dr. Timothy Meade, who has practiced medicine in Zambia for 6 years, now manages a clinic in Lusaka.

have some experience traveling overseas. They must be financially stable and take care of their own needs while in Zambia, including housing and local transportation. We have a volunteer coordinator stationed here who is helpful with advice.

The entire TTF program is run on less than \$2,000 per month, so the volunteers are crucial to our success. During the busy summer months, we have an abundance of applicants, but the rest of the year we have barely enough people to run all of our programs, so preference is given to those who can come outside of the summer months. Eight weeks is the minimum stay for a volunteer, and I understand that means that many who would like to help are not able to do so at this time.

For more information about Tiny Tim and Friends, visit tinytimandfriends.org. For more information about the Corpmed Medical Center, visit corpmedzambia.com. ■

—Interview by Heidi Splete

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