



Returning to West Africa Reminded Me Why I Chose Medicine

Adaobi Cindy Nnaji, MD, MBA

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Doctor, I feel feverish sometimes. I think I have typhoid and malaria. Can you give me medicine?" These were the words a young man uttered to me during my last medical mission trip to Enugu state in Nigeria, my homeland. I had the opportunity to travel to Nigeria with a medical team from my residency program and to treat people with a range of medical needs. While I was not able to solve all of their problems, the trip reminded me of a major problem in developing countries: self-medication and self-diagnosis.

Self-medication is a major issue that has not been sufficiently addressed by the health care system in Nigeria, as well as in other developing and even some developed countries. In the Nigerian urban setting, this problem seems to be mostly due to the increased availability of drugs without prescriptions and pharmacies without strict regulations. In these settings, pharmacies are owned by people without licenses to dispense drugs and often without a clinical pharmacist on site. In the rural areas, the situation is made worse by the lack of access to care, hospitals located miles away, and lack of proper education about the side effects of these drugs.

As a young teen, I remember my grandmother sending me to buy antimalarial drugs every time she felt we had gone for an extended period

of time without taking them. This was a common practice, since malaria is quite prevalent in West Africa and people take medications frequently to prevent getting the infection or to treat it if suspected. To the average citizen, malaria and/or typhoid is typically to be blamed for any fever.

Now, while this pleasant man patiently waited for me to write the prescriptions, I was curious about what led him to the conclusion that he indeed had malaria and typhoid without any kind of blood tests. When I inquired, he replied, "I have fever sometimes and sometimes I am weak."

I thought to myself, "That's all?" Shocked and dismayed, I realized that if he had the money, he might have gone to the local chemists, who would have given him the drugs without any doctor's prescription at all. I sat there wondering what his organs must look like given what was likely years of self-medicating. I thought to myself, "What if this young man just had a brief viral illness?" Thinking about what might have happened to him, I was concerned and frustrated.

When I was 16, my beloved grandfather died in Nigeria of complications from a stomach ulcer. Since my medical training, I've often thought that this mighty and strong man likely died of something very treatable. Might he have lived if he was

taken to a bigger hospital where he could have undergone surgery to control his bleeding?

I wonder how he even developed these ulcers. I had vivid memories from my childhood of my grandfather taking pills from his pill bags. These medicines were mostly unprescribed and perhaps expired; he took them whenever he felt he needed them. It grieves me even now that I was too young to understand the danger of self-medication, and perhaps educate him in order to prevent him from developing the ulcers that ultimately led to his death.

My grandfather's death was one of the reasons I wanted to study medicine. I aspired to become a doctor so that one day I could return to my homeland to bring medical aid to people in underserved areas. I knew that in many local communities, people continue to die from illnesses that could be treated simply and effectively. I also knew that many of these people made their illnesses worse through self-medication practices.

In this moment, 15 years after my grandfather's passing, I was faced with a young man who would quite possibly go down the same path if I did not intervene. As I pondered, I noticed him staring at me, probably

From the Family Medicine Department, Southside Hospital Zucker School of Medicine at Hofstra Northwell, Hempstead, NY.

still hoping I would just give him the medications he'd requested. Instead, I continued to speak with him, gathering additional details that led me to conclude that his clinical symptoms did not actually indicate he had malaria or typhoid. He would need additional tests to rule out the diseases he feared. Unfortunately, given the lack of testing supplies in our limited setting, we had no way to help him further, other than to refer him to the local clinic. I counselled him on the dangers of going to pharmacies to self-medicate without an actual diagnosis by a medical professional. He thanked me for my recommendation, though I could see he was conflicted. He appeared confused and disappointed that I did not give him the drugs he expected, though

appreciative that I took the time to explain it all to him. I understood that it would take more than a few minutes to debunk an idea that he had held all his life.

In that moment, I knew I had reconnected with my purpose for studying medicine and for pursuing family medicine and global health. I not only need to return to help those who are sick, but I also need to educate as many as possible on the dangers of self-medication. To do this I plan to hold meetings and conferences with colleagues in remote settings to educate individual patients as well as providers. I also hope to contribute to efforts to build more facilities in some of these high-need regions. I intend to advocate for stricter regulations on the

dispensing and availability of drugs, especially in those areas where there are no clinical pharmacists. In these efforts, my hope is to honor the legacy of my grandfather. I intend to use his experience and the patient encounter in West Africa as motivation and constant reminders of why I chose to become a physician, and as continued encouragement to have greater impact on my compatriots.

CORRESPONDENCE: Address correspondence to Dr Adaobi Cindi Nnaji, Southside Hospital, Dept of Family Medicine, PO Box 1154, Piscataway, NJ 08854. 612-702-7909. dr.adaobi.nnaji@gmail.com.