

Medical Response to Covid-19 in 3rd World Countries (Sudan)

Mohamed Hassan*

Registrar of EM, Federal Ministry of Health, Sudan

***Corresponding Author:** Mohamed Hassan, Registrar of EM, Federal Ministry of Health, Sudan.

Received: November 14, 2020; **Published:** November 28, 2020

It is said that Covid-19 has blown away the myth about first and third world competence in dealing with this major humanity challenge, however from my position and what I can see I beg to differ.

We always thought we had a weak health system in my country (Sudan), however the extent of its fragility was displayed in such a manner that leaves no doubt to any optimistic caregiver that there is hope for improvement or a change in policies.

I work as an emergency resident and currently at my 2nd year of speciality training to receive an MD degree in emergency medicine.

We're used to dealing with multiple issues regarding our patients concerning their health, financial and social dilemmas. A sight of a homeless sick man, lying on the floor (IN A HOSPITAL) across the acute medical care room while everyone is passing him by is a familiar scene that still induces the same sad reaction since I was an intern at a governmental hospital almost 10 years ago.

The scarcity of essential consumables, like gloves, cannulas, and even plaster bandages to hold these cannulas in place after insertion is now a norm. Normal saline IV fluids (basically salt and water) is not available and co-patients have to search hours and days to obtain a couple of units. Sometimes even ordering them from overseas and are brought as a precious gift by passengers.

Now don't get me started on the drugs, as the list of unavailable life saving medications is endless and beyond reason or logic.

If you're wondering where this facility is located, it's in the capital city (Khartoum). The crown jewel of the country and the situation is similar in most of the public hospitals.

The above introduction is necessary to understand the coming events and the toll SARS-COV 2 virus is having on us as a nation.

It's a frequent occurrence for a family in a pickup truck to show up with their beloved sick one lying down on hard metal looking distressed and desperately clinging to life with every shallow breath they're taking.

A brief examination is performed at the emergency entrance and its concluded that he/she is hypoxic with an oxygen saturation of 86%, respiratory rate of 40 breath/min. If they've done a chest CT scan somewhere else a quick look will reveal the typical ground glass appearance of diseased lung parenchymal tissue all pointing towards (Corona) disease as its called by the public here.

Now multiple challenges have to be tackled, before I can go back and attend to the other patients under my care.

First, I have to break a series of bad news, initially confirm to the panicking family their biggest concern; yes, your loved one is showing clinical features of Covid-19 and his CT findings are consistent with that.

Unfortunately, we can't admit him here because we have reached maximum capacity in our isolation area. Right then, they'll ask for one of the old rusty oxygen cylinders to be delivered at the hospital's doorstep, however we're painfully and shamefully obliged to turn them down for various reasons.

Next, they'll want to know their options and which hospital can we direct them to. Alas, all the hospitals around us have the same issues we're facing:

- Insignificant bed capacity, approximately 5 - 10 beds for isolation at each hospital.
- Decreased number of medical personnel since many have chosen to stay at home for lockdown, as the low wage isn't worth the risk of possibly transmitting the disease to your family.
- Severe deficiency in oxygen delivering capacity as well as other important drugs.

I can think of only one reply to give that family; it would be more dignified to let him pass away in the comfort of his home instead of seeking medical care in this so-called hospital (I can't say that aloud of course, so I whisper it to myself).

Just a few days ago during my night shift, I had to turndown/redirect 7 families. (that is during one shift, one hospital, in a single day since the outbreak). Is it even possible to imagine the number of heartbroken families surrounding this place. And yes, most of my colleagues have to go through the same process.

Due to all the reasons mentioned above only one result can be expected and that is the complete failure and crash of the health system if there was any!

Despite this dark image, another bright one is not as far and unreachable as it may seem.

Many health care workers have displayed heroism and courage in fighting this disease alongside their patients on all levels and they have succeeded. It's a generation of young motivated caregivers that are doing all that's possible and beyond at the frontlines and I have faith in them.

I believe that one of them will one day take charge and help steer the policies to create a change that is long awaited and desperately needed. When you hit rock bottom, the only way to move is up.

Until that day comes, we have to deal with these adversities, stay strong and keep fighting for the life we all deserve.

Volume 4 Issue 12 December 2020

© All rights reserved by Mohamed Hassan.