One life at a time

Hobart anaesthetist Andrew Ottaway has borne witness to too many women and babies dying from pregnancy-related complications. That they died — and continue to die — is only half the story. Many could be saved if their doctors in rural Africa were properly trained. Enter Dr Ottaway and his team of skilled volunteers. One by one, they are training those doctors. And, one by one, they are saving those lives

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Doctor Andrew Ottaway describes it as a character flaw. But what this Hobart anaesthetist sees as a weakness, others can see is a great strength. "If I see a problem I think I can fix, I can't walk past it," he says. "I have to try and fix it." That in-built Mr Fix-it trait was first ignited for the then young doctor back in 2004, when he was volunteering to help train South African doctors in an impoverished, rural maternity hospital. At the time he was only recently qualified, and what he saw was overwhelming, confronting — and sad. "It's such an extreme from what we see here," Dr Ottaway tells *TasWeekend*. "It's really tough. It's like a different planet. You see so many problems at the hospital that you don't really know where to start."

Even though that was 15 years ago, Dr Ottaway today doesn't even have to close his eyes to clearly picture the first unlucky mother who died in front of him. He recalls that he was the most experienced anaesthetist in the building that day — and, at 33, the only one with intensive care experience.

The woman was ventilated because she was unconscious. Her bulging belly indicated she was close to full term. He later discovered she had undiagnosed eclampsia and had been rushed into the hospital convulsing. He anaesthetised her for an emergency caesarian but she died from a swollen brain after her baby was born. In these rural African hospitals, 800 mothers died for every 100,000 babies born.

"This case opened my eyes to the issue of maternal mortality around the world," Dr Ottaway says. "So many unnecessary deaths."

Chatting in a North Hobart cafe in late August, Dr Ottaway tells *TasWeekend* that a woman dies from a pregnancy-related complication somewhere in the world every two minutes. Every. Two. Minutes. "It's just ridiculous isn't it?" he says. "It's hard to put that into perspective because it's just a figure and it's hard to make that real."

Clockwise from main: Dr Andrew Ottaway in his office; A mother and child of a Himba tribe near Opuwo, NW Namibia; Dr Ottaway, centre, with Dr Sheki and Dr Ikandi at Gobabis District Hospital; Sr Katie Hinchen of Hobart provides training to nursing staff at Oshakati Intermediate Hospital; Dr Mike Challis.

A waterfall of blood makes it real. That's what Dr Ottaway remembers from the most terrifying day of his 20-year-career. That was a day in June this year, when he was on a stint at the Oshakati Hospital in northern Namibia.

It was then that he watched on helplessly as a mother bled to death during her caesarian because her placenta had grown through her uterus and into her bladder.

"When the baby was born the mother haemorrhaged," Dr Ottaway says. "There was so much blood." Shockingly, he explains that her condition would have easily been picked up if just one of the local doctors had known how to use the two new ultrasound machines discovered just days later in an on-site storage room, still unpacked and in their cardboard boxes.

"We worked on her for five hours and we did our best to save her," Dr Ottaway recalls. "But it wasn't enough and I felt so helpless."

Losing a baby or a mother is so expected in these hospitals that usually the staff don't even discuss the death afterwards. They just move on to the next patient. But it can take Dr Ottaway months to get over.

His wife Marcelle says it's often difficult for her husband to transition back into Hobart after a stint in these hospitals: "He sees these mothers dying and then comes home to cooking the tea and walking the dog, but it can take time to process what he's seen. It's not something you can just walk away from."

It will take another 10 years, at least, before he's finished what he started in Namibia, Dr Ottaway believes.

"We are there to teach and train and educate," he says. "And I'm hoping our impact will be more ongoing and effective and that it will contribute to a long-lasting solution. We think the outcomes could be a lot better if they had the same training and knowledge that we have here. And that's the void we are trying to fill."In these communities you are doing well if you live to 40. The horror stories of hospital stuff-ups spread through word-of-mouth like wildfire. Most of the villagers who live in circular, stick and straw or slab mud huts have no running water. They usually know someone who went into the hospital and never came home.

"It's such an issue because they don't want to go to the hospital," Dr Ottaway says. "Sick people would prefer to knock on a witch doctor's door or simply put up with their pain than risk being admitted to hospital."

The reason is that the junior, local doctors are often poorly trained, and so can sometimes be more hindrance than help.

The hospitals Dr Ottaway and his volunteers — like his colleague and fellow Hobart anaesthetist Dr Mike Challis — go into, usually only have junior staff who have only had three months of "loose training" before being allowed to anaesthetise a patient unsupported and unsupervised.

Dr Ottaway and Dr Challis, on the other hand, each trained for seven years before they were able to do that.

When Dr Challis was there two years ago he gave a baby CPR minutes after being born because he couldn't breathe. The image of his tiny body has stuck with him because he says he felt like what he did made a difference to the positive outcome. The nurse in the room didn't have the skills to use the ventilation bag.

"There are a lot of limitations like resources and drugs and equipment," Dr Challis says. "But the biggest resources they need are people and knowledge."

These hospitals have such poor systems and processes, Dr Ottaway says, that sometimes the wrong kind of operation is performed. One of the maternity hospitals he will visit this month has a similar amount of deliveries per year as the Royal Hobart Hospital.

But the doctors can't do caesarians there because the operating theatre has been closed for five years. That's how long it's been since there was an on-site anaesthetist.

In that time, this hospital has lost 40 babies and at least one young mother. These preventable deaths cause what Dr Ottaway describes as an intergenerational ripple effect in the communities.

"When a mother dies in rural Africa, even if there is a father, her children are twice as likely to not make it to their 12th birthday. Sometimes parents in Africa don't even bother naming their children until after their first birthday."

That deep need to have a go at fixing the problems he saw on that first trip has shaped who Dr Ottaway now is, and how his time is spent. In early August, the father-of-two officially launched his Health Volunteers International charity at the Salamanca Inn. At the same time, he reduced his private practice working hours to give him more time to tick things off his always-growing to do list.

Despite his wife Marcelle's help, his head is still spinning. To start with, he needs to attract more volunteers. His current wishlist includes anaesthetists and obstetricians, theatre nurses and midwives, ICU doctors and nurses, paediatricians and neonatal nurses.

"These people will change and save lives," he tells me. "Both their own and the people they haven't even met yet."

He needs more time to communicate with Namibian government officials and to navigate African bureaucracy so that the many obstacles that could prevent a team getting in are dealt with before they arrive.

He does have a little something in his back pocket to help him with that, though. One of the best courses he's ever completed, he says, is a renowned Harvard course called Persuasion — the Science and Art of Effective Influence. He's so good at it that he's been asked to come back three times to teach it. The course was a part of his Harvard Masters of Public Health — with a focus on global health — that he finished four years ago.

Also on his to-do list are three more unfinished grant applications collecting dust on his desk that are due to be handed in a few days from now.

He and his current volunteers — four obstetricians, five anaesthetists, a plastic surgeon and a theatre nurse — fly out today for what is Dr Ottaway's seventh self-funded, voluntary trip.

He covers all the business costs out of his own pocket. Each trip costs about $5000 per person. Everyone that goes is a volunteer and everyone pays for their own flights and accommodation.

The charity pays for visas and medical registrations ($500 per volunteer) and transport while they are there. That means that all money raised directly helps the patients.

It's impressive stuff, but he doesn't want you to think of him as special — and definitely not as a hero. He is, however, happy to admit that he's proud of his big-picture approach.

His goal is to send four volunteer teams every year. "We are trying to be more effective in the way we go about it," Dr Ottaway says.

"It takes a lot more work and a lot more effort and, of course, it's not an easy fix. But it's achievable if the problems are unpacked and separated and solved one at a time."

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