

Winter 2014

Learning from Life – Abakaliki to Sioux Lookout

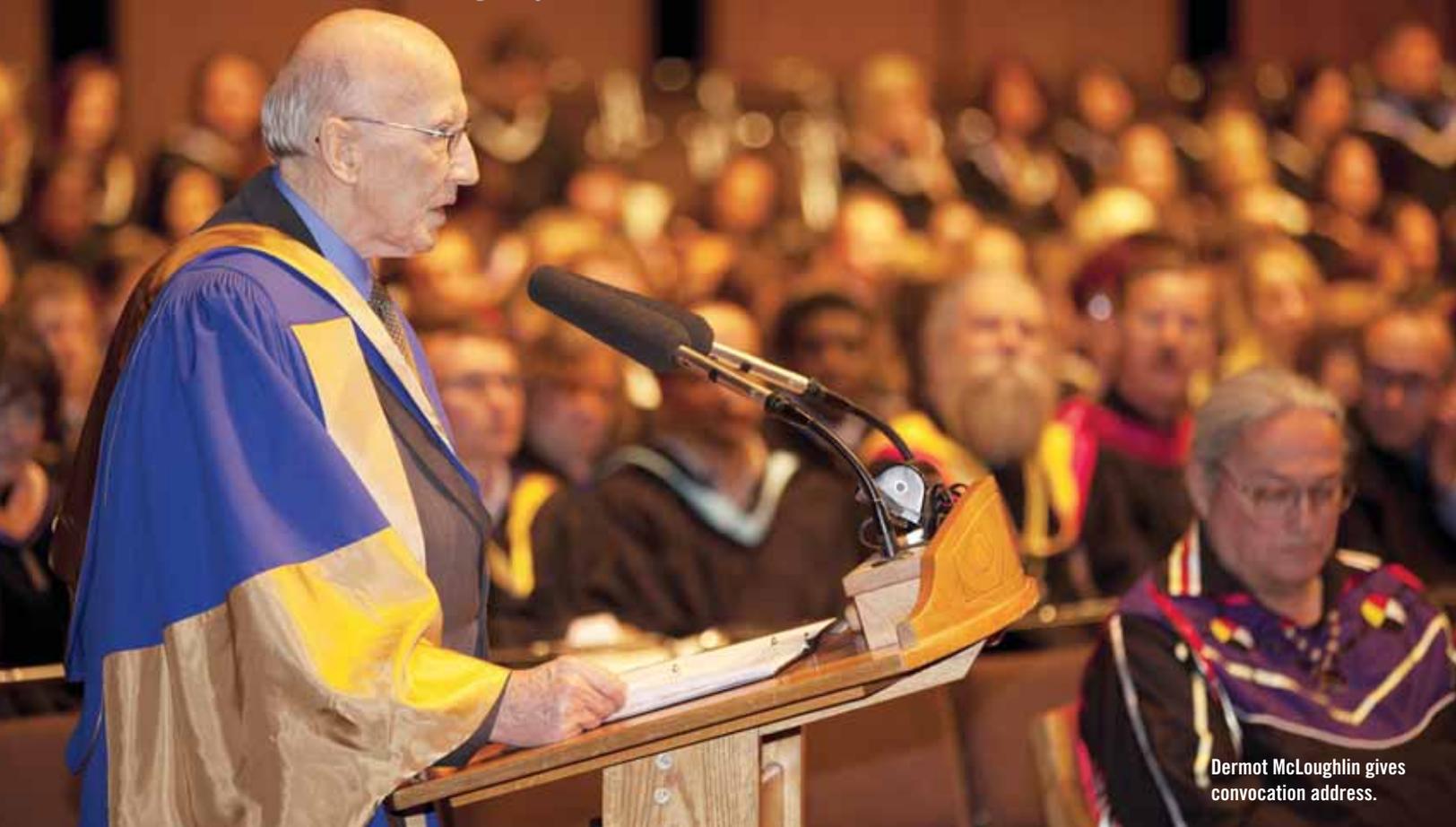
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Recommended Citation

McLoughlin, D. (2014). Learning from Life – Abakaliki to Sioux Lookout. *Spiritan Magazine*, 38 (1). Retrieved from <https://dsc.duq.edu/spiritan-tc/vol38/iss1/11>

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Dermot McLoughlin gives convocation address.

Learning from Life – Abakaliki to Sioux Lookout

Dermot McLoughlin, Lay Spiritan Associate

When I qualified as an M.D. at University College Dublin many decades ago I got two job offers. The first was to be a physician in a Dublin hospital. An added bonus included the use of a house on the hospital grounds — very tempting. The second offer was more challenging. I was told the only physician treating leprosy (Hansen’s disease) in the province of Abakaliki, Nigeria had resigned and they were having no luck in getting a replacement. If I was interested, I could start in four weeks.

My first thoughts were, “What will Deirdre, my fiancée, say?” Deirdre and I had trained in the same University Hospital and she had just graduated as a Physiotherapist. We decided that I would go ahead to Nigeria, Deirdre would follow in a few months, and we would get married out there.

Abakaliki Hospital

The entire medical staff for approximately 8,000 leprosy patients was 1 physician, 2 nurses, 1 physiotherapist, 1 occupational therapist, and 14 leprosy attendants who had six months medical training each. The need was — and still is — great.

In Abakaliki the medical facilities consisted of a 70-bed hospital reserved for leprosy patients who were considered “unclean” and would not be admitted to a general hospital.

Adjacent to the hospital was a segregation village — one of twelve such villages scattered throughout the province. In these settlements were patients with Lepromatous Leprosy, a very infectious form of leprosy, along with those so disfigured by their disease that they wished to live private lives.

While much of our time was spent in the hospital we also tried to regularly visit the segregation villages. Each had a chief, a council, a clinic and a school.

Most forms of leprosy could be cured with treatment over a number of years. One major problem was nerve damage causing crippling deformities particularly of the hands and feet. This could be minimized by exercises and education on foot and hand care. But how could it be delivered to so many, particularly to the children?

The plan was for an occupational therapist to look after a program making appropriate shoes from old tires, wood and a strip of leather.

In the meantime, Deirdre, being a Physiotherapist, arranged for two older children from each village to come to the central village for six weeks training in foot and hand care. They were also to become familiar with suitable exercises before returning to their own villages to pass on their skills to others. Deirdre checked in on the progress in each village every six weeks.

Meanwhile all medicine, surgery and obstetrical practice was performed in the hospital or clinic by two nurses and myself. This was rather scary, particularly the surgery. But what could I do — there was nobody else. Fortunately I had pre- and post-graduate abdominal and trauma surgical experience.

Our stay in Africa was very stressful and very busy. However, we laughed a lot as the patients liked to laugh and dance and play music. One certainly retained a sense of humour despite the obvious suffering.

Returning from Nigeria upon completion of our tour of duty, we had a short sojourn home in Ireland and then were off to the Glasgow Royal Infirmary, where I graduated in Radiology. Then off to the Toronto General Hospital as a staff Radiologist.

I never forgot what I experienced in Africa and I was tempted a few years later to accept an offer to go to Niger, one of the poorest countries in the world, for three months a year, for seven years. On the counsel of a wise friend I realized that being a family man with four young sons, my place was in Canada, not Niger. He stressed the medical needs of our own province of Ontario.

Sioux Lookout

In the 1970s I had the opportunity to spend time in the hospital in Sioux Lookout and in Weenabayko Hospital in Moose Factory. I also visited many of the nursing stations throughout the Nishnawbe Aski Nation, some of whom at that time had x-ray equipment.

In the 1980s the chairman of Radiography in Mohawk College, Health Canada, and in consultation with representatives from Treaty 9, a decision was made to upgrade the training

program for the personnel taking x-rays in the Nursing Stations. Thus was born the Basic Radiological Technicians Program.

The program provided community-based training for First Nations people living in remote communities to perform basic x-ray examination of the upper and lower limbs, shoulder and chest in a safe professional manner. Upon graduation the student will be a caring efficient health professional. The program is designed to assist in the goal of First Nations people taking control of their own health needs.

Funded by Health Canada, a fourteen-month course was organized with teaching staff from Mohawk College and McMaster University in Hamilton, leading to a certificate presented by both institutions. The goal was always to hand the management of the programme over to the First nations.

Today the program is managed by the Oshi-Pimache-O-Win Education and Training Institute in Thunder Bay.

Few people realize the major role the basic Radiological Technicians are playing in improving health care in the north. Their x-ray images lead to early diagnosis of pneumonias, fractures, heart

failure, tuberculosis and management of patients with chest trauma and other pathologies. The technicians take over 2,500 x-rays in the northern nursing stations each year.

How things change. The nursing station x-ray equipment is being constantly upgraded and with the advent of tele-radiology, diagnostic images from seven of the communities, including the community of Fort Severn (Hudson Bay), can be read immediately at Sioux Lookout Meno Ya Win Health Centre or at Thunder Bay Regional Health Science Centre.

Live and learn

I believe we constantly learn from life's experiences. A few salient thoughts from my wandering remain with me:

Through the years I ask, "What do you want and need?" rather than say, "This is what I feel or know you need and what you should do."

Many years ago, a great friend, the late chief Roy Kaminaish, invited Deirdre and me to stay on his reserve for the summer. He couched his words in a way I have never forgotten: "Come and live with us," he said, "Let us get to know you and you get to know us. If there is something we want you to do we will ask you. If not, just be with us and be friends,"

I would recommend that all newly graduated Health Professionals would include, sometime in their career, working in remote areas in crisis situations in Canada or abroad, where medical needs are greatest.

Bet wishes to each of you. May you have fulfilling, satisfying and wonderful lives and careers. God bless you and thank you for listening. ■

"Come and live with us. Let us get to know you and you get to know us. If there is something we want you to do we will ask you. If not, just be with us and be friends."
