Background

Prior to studying medicine, I was a member of an expedition to Kenya, which involved teaching, climbing Mount Kenya and trekking in the desert with 24 camels. This was not only the start of a longstanding love affair with Africa but also my first encounter with the AMREF Flying Doctor service. Since then it has been a personal ambition to return and work as a volunteer physician, so it was with great excitement that 13 years later I was fortunate enough to be in a position to offer my services as an anaesthetic trainee with an interest in pre-hospital care.

Experiences working for the AMREF Flying Doctors Service Volunteer Physician Programme

In 1957, three doctors founded the Flying Doctor Service (FDS) of East Africa, laying the foundations for what has become one of Africa’s leading health education and research organisations. Based at Wilson Airport in Nairobi, the AMREF FDS generates income through a paid membership base and by providing medical evacuations for insurance companies. This is then reinvested in providing charity aeromedical evacuations for those who cannot pay and supporting AMREF’s outreach programmes which provide free healthcare throughout East Africa.
The AMREF FDS relies on physicians worldwide volunteering for periods of one to three months.

During December I was on call for 24-hours a day and flew a total of 21,698 miles evacuating 27 patients. Whilst the medical director was available in the AMREF office for advice during daylight hours, I was largely working independently with one very experienced flight nurse whose expertise was invaluable. There was little or no additional help available in flight or in some of the remote locations from which patients were evacuated, and often patients were triaged and stabilised on the runway prior to take off. At times there were additional time pressures due to impending darkness or other restrictions.

The flights were extremely varied, ranging from medical evacuations from dirt strips in Kenya in a Cessna Caravan to international repatriation flights on Citation Bravo Jets. There was a huge case mix and I never knew what I might be doing from one day or hour to the next; I was involved in the management of a number of challenging cases.

One day I stabilised and evacuated a young man from a Kenyan road traffic accident with a spinal cord transection, chest trauma and limb fracture dislocations. The same afternoon I repatriated a floridly hallucinating 3-year-old from Dar Es Salaam following a buscopan overdose. I spent Christmas Eve in Johannesburg after transferring a 15-year-old girl with spina bifida and a blocked VP shunt.
One of my more challenging flights was the transfer of an unstable 66-year old with a ruptured AAA, which involved a cardiac arrest and difficult intubation. Other non-trauma cases included a 55-year old Indian lady with a heart rate of <20bpm who required transcutaneous pacing in the aircraft, high altitude pulmonary oedema following attempted ascent of Mt Kenya, and paediatric severe falciparum malaria.

My experience with AMREF was immensely diverse and unpredictable but ultimately extremely rewarding. It presented new challenges that demanded tangential thinking, constant attention to detail and meticulous planning for potentially evolving situations. I am indebted to the AMREF flight nurses, crew and support team for their wealth of experience, absolute dedication and enthusiasm. It was a privilege to have been part of their team.

I am extremely grateful to the AAGBI IRC for their generous support for this experience.