Lessons From Our Learners

William D. Grant, EdD
Feature Editor

Editor’s Note: Submissions to this column may be in the form of papers, essays, poetry, or other similar forms. Editorial assistance will be provided to develop early concepts or drafts. If you have a potential submission or idea, or if you would like reactions to a document in progress, contact the series editor directly: William D. Grant, EdD, SUNY Upstate Medical University, Department of Family Medicine, 475 Irving Avenue, Suite 200, Syracuse, NY 13210. 315-464-4365. Fax: 315-464-6982. grantw@upstate.edu.

Patient’s Last Gift

Edward Nwanegbo, MD

As a young medical officer in a HIV special unit in sub-Saharan Africa, I got to know most of the patients living with HIV. Some were enrolled after diagnostic tests by my unit, while others came in as referrals from other hospitals in the country. My clinic and the adjoining counseling rooms can best be described as a “wailing” unit. Counseling was provided for healthy people, some received antiretroviral therapy (ART), and very sick ones were admitted for treatment of comorbid infections.

Morning ward rounds were a daily routine at the Medical Research Council Hospital in Banjul, Gambia. Of all the inpatients, those with HIV/AIDS were the most challenging. I remembered the press of the crowd, which had started gathering near my outpatient unit. The day was a special clinic day for people living with HIV. The crowd was not unusual because many health care workers outside our unit refuse to attend to them because of their disease. As I moved from one bed to another, reviewing charts and examining patients, my nurse interpreter informed me that one of the patients wanted to tell me something, if I had time to spare. I wondered what additional information he was going to give me, having attended to him all along. Yet, refusing to honor his invitation might be tantamount to joining the society in ostracizing him.

As my nurse took me to his bedside, she said something in a local dialect. The patient suddenly got up from his bed with a radiant energy. Except for obvious weight loss, he appeared surprisingly agile and happy for somebody with suspected cryptococcal meningitis. He smiled.

He turned around to lift his pillow, brought out an envelope, and extended his hand toward me. He could only mutter something that did not make any sense to me. I looked around me for the nurse to ask him what the envelope was all about. The nurse told me that my patient said that I should take the letter to my office and read it. I looked at the white envelope again, put it in my pocket, and quickly went to my office to commence the long day clinic.

It was a busy clinic day. Newly HIV-positive patients included the wife of the patient that had given me an envelope. I informed my nurse about the letter and opened the envelope in her presence. Neatly tucked in a paper was a 50-dalasi bill. On the paper was written, “Thank you.” I was shaken. What prompted him to make up his mind to part with this huge sum of money? (It was about $4 US at that time when the governmental minimum daily wage for a laborer was about 48 US cents per day.—about 8 day’s wages.)

None of my HIV patients had attempted to give me anything in the past. I told my nurse that she should go to the ward and return the envelope to the man and thank him for even thinking of showing appreciation in this way.

The nurse informed me that it is against the culture to refuse such an unsolicited gift, and the patient may be hurt emotionally if he considered it another form of rejection. Another nurse stepped into the clinic and was also against the idea of sending the money back to the patient. At this juncture, I told

(Fam Med 2008;40(8):546-7.)

From the Siouxland Medical Education Foundation, University of Iowa.
them to figure out what we could do with the money, since we couldn’t send it back. They also agreed to follow me to the ward to express our appreciation to the patient at the end of the clinic.

About 2 hours later, I got a call from the ward and returned assuming some routine chore was required. On my arrival on the open ward, I could see a screen placed around the bed of the patient who gave me the envelope. A nurse was already there with the patient chart and from the look on her face, I could discern the most dreaded situation. Silently I parted the screen and stared at the lifeless body of the man that cheerfully gave me an envelope less than 3 hours ago. It was one of my most painful experiences as a medical officer.

As I walked back to the clinic that day, there was one recurrent question in my mind: who would receive my appreciation for the patient’s last gift? I later realized my appreciation goes to all the patients in that unit and elsewhere living with HIV who have and who continue to encourage me and other health care workers to refuse to reject them because of their HIV status.

Correspondence: Address correspondence to Dr Nwanegbo, Siouxland Medical Educational Foundation, University of Iowa, 2501 Pierce Street, Sioux City, IA 51104. ecnwanegbo@yahoo.com.

Editor’s Note: With thanks to Jeannette South-Paul, MD, and Robert W. Smith, MD, MBA, of the Department of Family Medicine at the University of Pittsburgh for their encouragement of physicians from Africa to tell stories of the human impact of HIV/AIDS on the continent. For further reading:

To become involved you may contact many organizations, including Medecins sans Frontieres (Doctors Without Borders), at www.DoctorsWithoutBorders.org.