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# SWISS Style

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# Hearts for all

*...a new approach  
to humanitarian medicine*

by Ita McCobb

The approach to humanitarian medicine is changing. A new concept is evolving – a move away from ‘charitable’ work towards the creation of reference institutions where specific medical care can be provided in the developing country. Dr Afksendiyos Kalangos is a renowned heart surgeon working at the forefront of medical science who has also found a humanitarian vocation in that he gives his services, through his association ‘Hearts for All’, to treat children from African countries suffering from congenital or acquired heart disease.

Thanks to the collaboration of a Swiss foundation, ‘Terre des Hommes,’ over 6,000 African children suffering from congenital or acquired heart disease have been treated over the last 30 years in Switzerland at the University Hospital of Geneva (aptly known as HUG).

*‘In the medical context I believe that the humanitarian vocation exists,’ says Dr Kalangos. ‘One cannot imagine medicine without this humanitarian aspect. (In fact it is highly likely that in the foreseeable future we will introduce humanitarian elements into medical classes in order to emphasise this very important message to students.) If you look at the medical evolution of the world you will find that we have now unfortunately two levels of medicine. We have the very sophisticated medicine of the developed world focusing on a scientific approach to offering patients more comfort, an extended life and improved quality of life. And in stark contrast in developing countries you find tremendous basic*

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Dr Kalangos with his first African patient

*medical needs. This problem impacts especially on the children in these countries, adult populations seeming to prefer war to peace, so it's the children who suffer most.'*

But even with the significant discounts offered by HUG, bringing children to Switzerland for surgery was a costly activity both financially and ethically. The children often found the journey, the new environment and the total isolation from their families traumatic. Added to which after the complex heart surgery they had to stay in Switzerland for at least another two or three months before making the return journey home. On arriving home there was the added problem of reintegration due to having become used to a completely different societal structure in Switzerland and having been shown a completely different vision of life to that of their home country. They often did not want to go back home and sometimes they came to reject their families. On top of which it was often not actually possible to send the children home for some considerable time after surgery because of the very hard follow-up regime necessary. Since the children must return to their home countries after surgery, some therapeutic options, such as heart transplantation, cannot be provided because they require immuno-suppressive treatments and regular heart biopsies – an intensive follow-up which is not feasible in many developing countries.

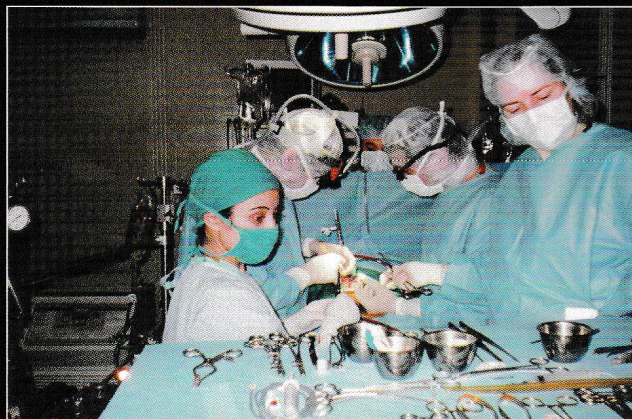
*'It's a very hard follow-up regime,' commented Dr Kalangos. 'Frequently it was not possible to send these children back if the necessary follow-up facilities were not available in their home countries.'*

Given the level of sophistication and expectation of our society he came to the conclusion that there was really

only two possible ways to handle the problem. The first was for him to travel to the various countries concerned and stay for one or two weeks in order to operate on the children there. The second was to train young doctors either during his mission in their countries or to bring these young doctors to Switzerland for training. But then he was faced with another problem – once the doctors were trained, on returning to their homeland they found they had none of the professional facilities, attitudes or working environment they had become used to in Switzerland. Consequently, they too were reluctant to return home after training as there was little or no incentive to do so. Dr Kalangos decided that it made sense to set up facilities in the children's home countries and train staff in situ as this would ultimately extend the medical services and their availability to even more children.



*A three-month old baby who underwent open-heart surgery in Lebanon.*



*In the operating theatre, Lebanon*

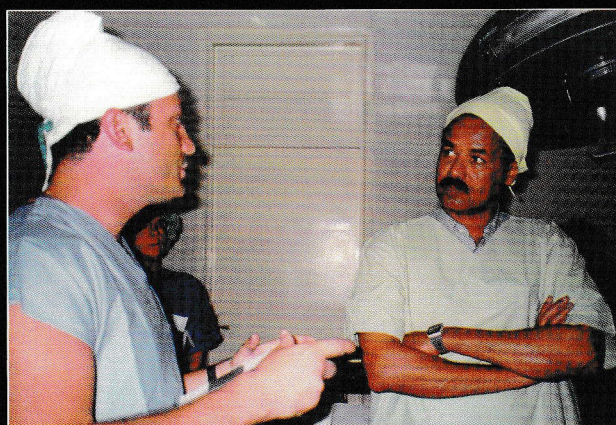
*'I have completely changed my concept of humanitarian medicine. I now believe that for ethical and economic reasons it is not appropriate to take children from their own environment. Which is why, in 1998, I created the association 'Hearts for All' in order to promote the development of heart institutions in these countries. I believe our role in humanitarian missions has shifted from healthcare providers to healthcare facilitators,' says Dr Kalangos.*

The aim of 'Hearts for All' is to create infrastructures and heart institutes in African countries and to provide training for local counterparts, either in these countries or elsewhere. Given what he had learned previously, Dr Kalangos felt that the most important first stage should be to improve infrastructures in order to create the professional atmosphere necessary for doctors to perform well. In fact an essential issue in setting up

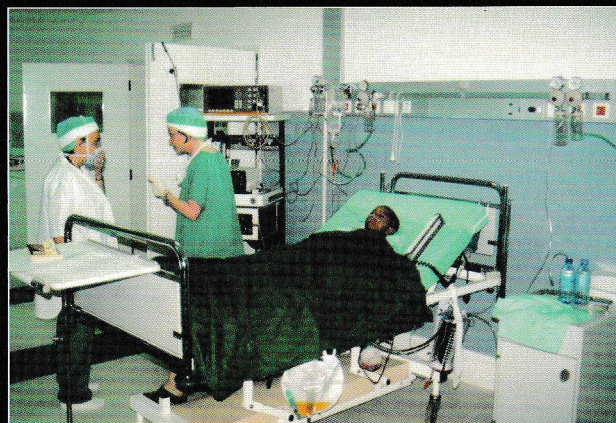
'Hearts for All' was determining what type of organization would best deliver care focused on adequate treatment of patients, the restructuring of usually inadequate infrastructures and local human and financial resources, because requests for help usually come from countries with tremendous healthcare needs. These are generally countries that have failed to prevent rheumatic fever or are unable to screen congenital malformations before birth.

'Hearts for All' was initiated when Dr Kalangos operated on ten children suffering from terminal congenital heart malformations in Eritrea. Unfortunately because of the war he was forced to close his work there but he soon became involved in a large project in Maputo, Mozambique – the creation of a reference institute where specific medical care could be provided under a single roof. This institute was opened in 1999 with Dr Kalangos operating on 15 children.

*'We have succeeded in creating a Heart Institute in Malupo where I had the honour of initiating the first surgical mission,' says Dr Kalangos proudly. 'Since then every month, cardiological and surgical missions are carried out by teams affiliated with 'Hearts for All' and other associations and will continue until the Institute is fully autonomous. The Institute is equipped with medical diagnostic units, an intensive care unit, operating theatres and a research centre. It will also be a training centre for physicians, surgeons, anaesthesiologists and cardiologists for Mozambique and neighbouring countries. Moreover a telemedicine programme is underway for the benefit of the same geographic areas. If you want to obtain a durable development in a country I really believe that you have to do this through training people.'*



*Explaining procedures to the President in Eritrea*



*The intensive care unit at the Institute in Mozambique*

'Hearts for All' is now working in 11 countries, including Lebanon, Togo, Benin, Burkina Faso, Morocco, Mauritius, Georgia, Ethiopia, Eritrea, and has recently been asked to help in Peru. Dr Kalangos provides training both in these countries and in Geneva (at HUG) for doctors who will eventually work in the new institutes. He is also looking to create other regional institutes to serve bordering countries in the same way as the Institute in Maputo will offer help to children from neighbouring Tanzania, South Africa and Madagascar.

*'The benefit of this approach is that it is self-perpetuating – we train people, they in turn train other people. We are not only helping the sick but we are creating jobs – it's durable economical development with a social impact. People, even politicians,' chuckles Dr Kalangos, 'already have the feeling that the new Institute belongs to everyone.'*

There are now three countries involved in training people for Maputo – Britain, France and Switzerland. The various associations are getting together in order to create a European Association to provide a more concrete structure and assist funding.

*'I believe that the future of humanitarian medicine*

*resides within native countries where a new generation of enthusiastic and motivated practitioners await the challenge of treating their children themselves,' concludes Dr Kalangos.*

*If you would like more information about 'Hearts for All' contact: 022 372 76 25.*