

Two Kenyan Physicians Studying at Brown Share Perspectives

DRS. JANE KAMUREN AND DENNIS O'YIENGO



Drs. Jane Kamuren and Dennis O'Yiengo and their children.

Jane Kamuren is completing her first year of internal medicine training at the Alpert Medical School at Brown University. She trained at Moi University and was working as a medical officer in casualty at Moi Teaching and Referral Hospital before coming to Brown. Her husband, Dennis O'Yiengo, is completing his first year of pulmonary and critical care medicine fellowship at the Alpert Medical School. He also completed his residency in internal medicine at Brown. Prior to that he was a medical officer assigned to AMPATH. Jane and Dennis have a unique perspective on the medical systems in both Kenya and the United States. Here are their thoughts.

Training in the United States has been a great opportunity for us. We count ourselves fortunate to have had the privilege to train in two different healthcare systems.

Similar to many low-income countries, Kenya's medical training and healthcare system is resource constrained. A majority of Kenyans pay for their care out-of-pocket, as only a small proportion has health insurance. The Kenyan-trained physician is thus encouraged to take a detailed history and physical exam and limit investigations to those with the highest yield. Routine or daily labs are not done. A majority of the patients present late in their disease course. Often they have progressed to having classic symptoms and physical findings that allow treatment without requiring further investigations. For example, a patient presenting

with several weeks of dyspnea, an S3 gallop, crackles, and peripheral edema will be treated with diuretics for congestive heart failure without obtaining a CXR or BNP.

However, at other times, a lack of an obvious diagnosis and an inability to order further testing makes empiric treatment necessary. Differentials are often limited to reduce the cost of the work-up. With a lack of subspecialists in Kenya, we are required to be much more hands on with procedures, even as medical students.

In contrast, we find that patients in the American system usually present early in their disease course so that work-ups tend to be comprehensive. For example, a patient presenting with two hours of chest pain may have several causes that will need to be investigated. In general, work-ups are not limited by cost or social status, but by the extent to which the evaluating physician can generate differential diagnoses. This makes the probability of missing pathology very low. Ordering tests without having to consider cost was thus challenging and difficult for us. We have also found that the system here is more patient-centered, with doctors/ healthcare workers making it a priority to involve patients in decision-making. It was striking to us the emphasis placed on research and evidence-based medicine, with protocols faithfully followed to the letter.

As we have stated, we have experienced obvious differences in the healthcare systems in Kenya and the United States. Yet in the same breath there are subtle similarities. Initially it seems that resources are bountiful; however, looking keenly, one appreciates that not all tests and treatments are available for all patients. There is great disparity in healthcare access influenced by socioeconomic status in the U.S.

system. In both systems, patient compliance can be an issue. Both in Kenya and the United States, doctors are generally respected for the work they do and their value to society. Our greatest challenge yet will be going back to practice in Kenya. We will have to find a middle ground and strike a new balance between the two systems that will still be affordable and viable for the Kenyan people. ❖

Riley Mother & Baby Hospital, Eldoret

'...In this very special place no child shall cry unheard, and no mother or father shall be friendless'

— Entrance plaque



The Riley Mother & Baby Hospital in Eldoret, which opened several years ago, replaced a substandard space with no running water and where newborns were placed in hanging baskets. Over 8,000 babies a year are delivered at the hospital, which is run by Kenyan physicians and nurses. Through their efforts, the rate of transmission of HIV between mothers and babies has declined from 35 percent to less than 1 percent because of screening efforts by AMPATH and the IU School of Medicine and Moi University partnership at Riley. It also contains the first neo-natal intensive care unit (NICU) in East Africa.