

From Theory to Practice: Reflections of a Medical Student's Rural Posting in a Leprosy Hospital

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The Experience

In Nigeria, rural postings are included in the medical school curriculum to help undergraduates experience healthcare in resource-low settings. It is an opportunity for medical students to become acquainted with Primary Health Care as introduced by the 1978 Declaration of Alma-Ata to achieve health for all.¹ The rural postings also take the students out of the classroom for a firsthand experience of some Neglected Tropical Diseases (NTDs) such as Hansen's disease, widely known as Leprosy.

Overview of Leprosy as a Neglected Tropical Disease

Leprosy is a chronic infectious disease of humans caused by bacteria called *Mycobacterium leprae*. It primarily affects the skin, peripheral nerves, and other cooler regions of the body.² Leprosy progresses slowly, often taking years for symptoms to manifest.

This disease is considered an NTD because of its association with poverty, social stigma, and limited access to healthcare in marginalized communities. Leprosy mainly affects people in developing nations, especially those in overcrowded, unsanitary conditions, due to poverty, lack of healthcare, and limited awareness.

In 2000, Leprosy was globally classified as eradicated i.e., reaching a prevalence of fewer than 1 per 10,000 population.² However, World Health Organization (WHO) records still show that Nigeria is one of the countries with a high burden of the disease despite the country's success in reaching the Leprosy elimination target in 1998.^{3,4} The Nigerian Center for Disease Control and Prevention (NCDC) records that approximately 3,500 new cases of Leprosy are diagnosed annually, and roughly 25% of patients experience some form of disability. Hence, Leprosy continues to be a disease of public health significance in Nigeria.⁵

Leprosy transmission remains incompletely understood, but it is thought to spread through prolonged close contact with an infected person. It is not highly contagious as most people have natural immunity. Yet, those with weakened immune systems are more susceptible.

Figure 1. A Ward Built for the Care of Leprosy Patients in Memory of Dr. Esther Davis (OBE), a Missionary Doctor with The Leprosy Mission.



Fortunately, Leprosy is curable with Multidrug Therapy (MDT), a combination of antibiotics recommended by the WHO.² MDT is highly effective in treating Leprosy and preventing its transmission. Early diagnosis and prompt treatment are crucial for preventing disabilities and reducing transmission rates in this condition.

In this article, I will be sharing my experience as a medical student from the University of Calabar, Nigeria at the Qua Iboe Church Leprosy Hospital, Ekpene Obom, Etinan LGA, Akwa Ibom State, Nigeria ([Figure 1](#)).

Preparing for the Rural Posting and Arrival at the Leprosy Hospital

Before our sojourn on this rural posting, my colleagues and I had a series of lectures to help us understand the pathophysiology of Leprosy. These lectures set the tone for the posting and gave us an idea of what the experience would be like.

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Arriving at the Leprosy Hospital was a profound experience. Away from the bustle and activity of urban life in Calabar, the serenity and greenery of Ekpene Obom was a beauty to behold, even with the presence of sandflies that were fervent in their activity.

The initial impressions were both humbling and eye-opening. The sight of patients with Leprosy, some with visible deformities, simultaneously evoked empathy and curiosity. Interacting with these resilient individuals and compassionate healthcare professionals sheds light on the holistic care approach that extends beyond medical treatment. Here, I fully grasped the significance of a multidisciplinary approach in Leprosy care, where dermatologists, physiotherapists, mental health experts, and social workers need to collaborate seamlessly.

Challenges Encountered and Lessons Learned

At the Leprosy Hospital, I encountered several challenges and learned valuable lessons. For one, the difference in language was a barrier as some of my colleagues and I were not familiar with the local dialect —*Ibibio*—which most of the people affected by Leprosy (PALs) could only speak. However, we were able to get interpreters to enable us to take the history of the patients and hear about their experiences as PALs. This highlighted the importance of effective communication in showing empathy and ensuring patient-centered care. I learned that overcoming stigmatization and dispelling misconceptions about Leprosy required patience and education, emphasizing the importance of community awareness campaigns.

Adapting to a resource-low setting taught me innovative problem-solving skills and the significance of maximizing available resources. For instance, many PALs could not afford ideal Micro Cellular Rubber (MCR) footwear to protect their anesthetic feet. Instead, they relied on affordable locally-made Crocs for cushioning and protection. Furthermore, gaining insights into the psychosocial aspects of Leprosy underscored the vital role of mental health support in holistic patient care.

Impact on Personal and Professional Growth

The rural posting at the Leprosy Hospital left an indelible mark on my personal and professional growth. It significantly enhanced my clinical skills and diagnostic acumen as I encountered a range of dermatological presentations, deepening my understanding of Leprosy's clinical nuances. More importantly, it cultivated empathy and reinforced the importance of patient-centered care, as I witnessed the resilience of patients and their unwavering spirits.

This experience prompted profound reflections on the broader social implications of Leprosy and other NTDs, including

stigmatization and the need for societal acceptance and inclusion. It strengthened my commitment to serving underserved populations, highlighting the pivotal role of healthcare professionals in advocating for equitable healthcare access and championing the rights and dignity of those affected by neglected diseases.

Reflections on the Future

Reflecting on my rural posting at the Leprosy Hospital, I find myself pondering the role of medical students in the ongoing efforts to eradicate diseases endemic to their community. Medical students can contribute by raising awareness, dispelling myths, collaborating with health organizations, and engaging in outreach programs to identify cases early. By addressing the medical, social, and psychological aspects of Leprosy and other neglected tropical diseases such as Onchocerciasis, Buruli ulcer, and Schistosomiasis, we can work towards a future where these diseases are no longer a source of suffering and exclusion.

Summary – Accelerating Translation

Title: From Theory to Practice: Reflections of a Medical Student's Rural Posting in a Leprosy Hospital

Main Problem to Solve: The rural postings in Nigeria offer medical students a chance to experience healthcare in resource-low areas and learn about primary healthcare and Neglected Tropical Diseases (NTDs) like Leprosy. Despite global progress in eradicating Leprosy, Nigeria still faces a significant burden of the disease.

Aim of Study: This experience aimed to understand the clinical, psychosocial, and holistic aspects of Leprosy Care. It involved exploring the challenges and lessons learned during the rural posting at the Qua Iboe Church Leprosy Hospital, Ekpene Obom, Etinan LGA, Akwa Ibom State, Nigeria.

Methodology: Medical students, including the author, underwent preparatory lectures to grasp the pathophysiology of Leprosy. They then worked at the Leprosy Hospital in Ekpene Obom, Akwa Ibom State, Nigeria, interacting with leprosy-affected individuals and healthcare professionals.

Results: The experience revealed language barriers, the need for community awareness campaigns, and the importance of mental health support in Leprosy care. Adapting to a resource-low setting emphasized innovative problem-solving and maximizing available resources. The exposure enhanced clinical skills, and diagnostic acumen, and deepened empathy.

Conclusion: This experience underscores the importance of healthcare professionals advocating for equitable healthcare access and the rights of those affected by neglected diseases. By addressing medical, social, and psychological aspects, we can work towards a future where these diseases no longer cause suffering and exclusion.

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