

Profile Interview: Dr. Patrick Dongosolo Kamalo – Consultant Neurosurgeon at Queen Elizabeth Central Hospital “I believe that through high quality, collaborative research and training opportunities, we can create a world in which every person has the opportunity to live a healthy, long life



Dr. Yohane Gadama (YG), an MMJ intern, interviews Dr. Patrick Dongosolo Kamalo (PDK) on his work as Malawi's only local practicing neurosurgeon, the launch of Blantyre Institute of Neurological Sciences (BINS) and the beginning of Neurosurgery training in Malawi.

YG: Please, tell me about your personal and professional background.

PDK: I was born and raised in Thyolo District, in the tea estates. My mother was a nurse and my father was an agriculture officer, working in the tea estates. I started my primary school when I was 4 years old, quite an early age in those days. I had a smooth running of my primary school until Standard 8 where I stalled a bit, but not worrying as it was a norm those days in my area that one would re-sit standard 8 exams multiple times before they could get selected to a government secondary school. In my case, I had 3 attempts and got selected to Kamuzu Academy in 1989. At Kamuzu Academy, I studied sciences and languages like Greek and Latin. In 1995, I started my medical training at College of Medicine and graduated in 2000.

After finishing my medical training, I started internship at Queen Elizabeth Central Hospital (QECH) in 2001. My internship did not go smoothly as in 2001, there was a strike at QECH and, somehow, I got involved which delayed my internship – I finished in 2003 at Kamuzu Central Hospital in Lilongwe. Then, I joined Malawi Blood Transfusion where I worked for 6 months before joining Mwaiwathu Private Hospital as a general practitioner. From Mwaiwathu, I joined College of Medicine before going to South Africa for my training in Neurosurgery

YG: What motivated you to do neurosurgery?

PDK: I must mention that while at College of Medicine as a student, I never saw myself standing in theatre for more than 4 hours doing an operation. From this, it would be obvious that Neurosurgery was not top on the list of things I wished to do then, but there was Professor Adeloje, a neurosurgeon, who inspired me. Life circumstances also played a profound role in me developing an interest to pursue neurosurgery. Our son was born preterm and developed hydrocephalus, and the experience I had during the management of his condition moved me to finally go into neurosurgery. I also owe Professor Nyengo Mkandawire a lot, because he encouraged and helped me to get a position at College of Medicine in the Surgery department and eventually facilitated my scholarship to study neurosurgery in South Africa. In April 2007 I travelled to Durban in South Africa, and joined the Department of Neurosurgery at the Inkosi Albert Luthuli Central Hospital, University of KwaZulu Natal, where I studied for my Masters in Neurosurgery until September 2011.

YG: What does it mean to you being the only local practicing neurosurgeon in Malawi?

PDK: It's a huge responsibility! I see patients from across <https://dx.doi.org/10.4314/mmj.v30i1.12>

Malawi and the workload is just enormous. Almost every day, I knock off around 8:00 PM. I operate from Monday to Thursday and run an outpatient clinic on Friday. Almost every day, including weekends, I have to review neurosurgical patients in the ICU and the Neurosurgical High Dependency Unit (HDU). The major challenge I have, being the only neurosurgeon around, is when it comes to seeking a second opinion on some conditions I am not sure of. There are moments I encounter some problems right on the theatre table and I would wish someone could have a look and offer a second opinion, as it may be with other specialties but unfortunately, I don't have that privilege.

YG: Knowing that your profession is globally known to carry one of the highest mortality and morbidity rates, how do you cope with bad outcomes of your surgeries?

PDK: There are moments I feel terrible and down with the outcomes of my surgeries. Sometimes, the bad outcomes are from conditions I could have not done anything different, and sometimes I make mistakes, which I realize later. I learn in all these mistakes and, with each passing day, we are becoming better and our mortality and morbidity rates are improving. I remember attending a conference in South Africa of neurosurgeons and we were sharing our experiences. I got a consolation learning that even professors have these bad moments and that even in the best hands, things can still go wrong. The most important thing is to learn from your mistakes and do better. The difference I make to most of my patients always keeps me going.

YG: Recently, you led the launch of the Blantyre Institute of Neurological Sciences (BINS). Tell us about it.

PDK: This is one of the ideas I have had since 2014. I have always had a passion for research, unfortunately, the places I have worked in haven't been that 'academic', besides doing well in clinical practice. BINS is an initiative aimed at getting a collective effort of neurosurgeons, neuroscientists, neuro-physiotherapists, neurologists, neuro-nurses and mental health professionals in caring for neurological patients in Malawi. Neurosurgery alone cannot bring the change in the care of all neurological patients we would all want. For example, there are many unanswered questions, which would need researchers to come in. Most of the times clinicians are referring neurological patients to me who actually need the service of a neurologist, and from my experience with visiting neurologists we have had in the country, they make a difference in the management of such patients and even neurosurgical patients. Thus, BINS aims to become an academic institute to lead in capacity building and training of professionals in the disciplines mentioned above.

YG: What about the plan to have a state-of-the-art Neurological Sciences Unit at QECH?

PDK: QECH does not have a dedicated ward for
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neurosurgical patients. For us to do a “ward” round, we move almost around the whole hospital as patients are kept in different wards; making it a “hospital round” essentially! We serve patients in the whole spectrum of humanhood from newborns to the very elderly. We therefore need a purpose-built unit where all these needs are catered for and the current plan is to have this state-of-the-art Neurological Sciences Unit. Currently, we are working with the Mental Health Department since they also fall under neurological sciences in having this building at QECH. We are yet to get funding for the construction of this unit, but the architectural plan is already there.

YG: Recently, you have interviewed students for neurosurgery training in Malawi. What are your plans with this training? Some would say Malawi is not ready to offer this delicate, highly specialized field. What would you say that?

PDK: I must mention that we have enrolled two students now. They are currently doing their 2 years of general surgery before they can proceed with neurosurgery. With the high demand of neurosurgeons in our country, we have had the desire to start this training for a long time. We started seeking accreditation from the College of Surgeons of East, Central and Southern Africa (COSECSA) 3 years ago and on 2 occasions we were denied a go ahead and were advised to work on certain areas. On both occasions, we tried to address all their suggestions and, finally in 2017, we got the accreditation that we can start the training. The training will be offered with support from OSLO University Hospital in Norway. At almost all points, there will be neurosurgeons coming to Malawi to join me in the teaching of these residents. During their training, they will also spend 6 months in Norway. So in short, the program will take 6 years: during the first 2 years, students will be studying general surgery, while in the remaining 4 years, they will be dedicated to specializing in neurosurgery of which 6 months will be spent in Norway.

YG: Any challenges you face in your day-to-day work?

PDK: Challenges are always there. As with almost all departments and disciplines, a limitation of resources and finances is something neurosurgery at QECH is not exempted from. My job depends much on imaging – both pre- and post-operatively, but as many would know, we do not have a CT scan machine at QECH, and by its nature the MRI machine is not always available for emergency imaging. This limits especially emergency work, as we cannot operate on neurosurgical patients blindly without knowing exactly where the problem is. Some of the challenges I face now were anticipated the moment I was finishing my school in South Africa. I recall being hesitant about coming back home – I wanted to go and work somewhere else where the service was more established for the fear I had of the challenges in starting a neurosurgery service at QECH. But with the support from Oslo, encouragement from Professor Nyengo Mkandawire, plus my desire to serve my people, I returned

home to settle here, and I do not think I have regretted that decision yet.

That being said, I am always thankful to the Director of QECH who is open to ideas to make things work. I am also thankful to Oslo University in Norway for the mentorship and financial support they give to us. It relieves the pressure on me knowing that there are people who support my work.

YG: Do you have any advice to those aspiring to become neurosurgeons? What does it take to become a neurosurgeon?

PDK: It doesn't take much. Many people have created bias that it requires very intelligent people. I do not think so. I don't consider myself that smart. This stigma may have come from how neuro-anatomy is taught at an undergraduate level. Like any other profession, it requires the interest, determination and focus of the individuals. One needs to complete medical training then do 18 months of internship. Afterwards, I advise aspiring neurosurgeons to go to the district for at least one year and experience medicine. Then you can apply for neurosurgery training which, depending on the place of training, it may take you 4 to 6 years.

YG: What is the future of Neurosurgery in Malawi?

PDK: It's very promising. Currently, there are two Malawian doctors training in neurosurgery in Morocco. They are expected to return as neurosurgeons in 2021. We have enrolled 2 students into our neurosurgery training and they will be done in 2023. By 2025, we are likely to have 5 neurosurgeons in the country. This will be good for our patients as there will be more hands to operate. With the idea of BINS, we look forward to more people coming on board, and besides operations, we look forward to more research, as this is the way of answering questions and finding solutions to our local problems.

YG: I have come to learn that you studied Research Ethics. What is this about and how does it relate to your work?

PDK: Oh yes. There was a time I was appointed on to serve as a member of the College of Medicine Research and Ethics Committee (COMREC). Many of the members in this committee had a better understanding of ethics than I had – mostly due to the fact that during my medical training, ethics was not taught much as it is now. So I purposed that I should gain more knowledge in research ethics and fortunately there was an opportunity to study research ethics as a postgraduate diploma at Stellenbosch University in South Africa in 2013. This was a Forgyat scholarship. I enjoy the application of the knowledge I acquired in the day-to-day clinical studies done in our setting.

YG: Lastly, what do you do for leisure?

PDK: I am mostly occupied with my work. Whenever I have time, I like to sleep! I also like listening to music.