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Views & reviews

Personal views

Not even a dog's life

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Perhaps I should put it down to culture shock from re-entry into Britain. In the past 14 years of working in East Africa as a medical missionary I have had many opportunities to experience that special bittersweet sense of detachment you have when arriving back in your own country, and you realise that you are a stranger to it and see your own culture through the eyes of an alien. With practice, you can overcome this feeling in a short time, before you make too many social gaffes that leave your friends and family glancing at each other in embarrassment.

Africa's rural areas must be among the poorest in the world in terms of medical resources, and statistics indicate that life expectancy in sub-Saharan Africa is equivalent to that in 1840 in England and Wales. This has a particular poignancy for me as an anaesthetist, because 1846 is generally regarded as the year when anaesthesia was discovered. So I think I am entitled to some degree of medical culture shock when I return to Britain. However, re-entry shock is not an altogether negative experience. As in any crisis situation, it's also a time of opportunity and reflection. So now I am left with one word that alone sums up my assessment of the amazing advances in the United Kingdom and the appalling comparison with medical care in sub-Saharan Africa: obscene. The gap between the quality of medical care in the developing world and that in the developed world is widening with every modern advance, but it's not the advances in medicine that this time put me into a kind of shock—it's the advances in veterinary medicine that have shocked me, and I can only conclude that the comparison is obscene. Open heart surgery is now available for domestic dogs and cats in the developed world, whereas in sub-Saharan Africa most patients needing such expensive care are sent home to die, assuming they even reach a hospital in the first place. Will doctors in years to come wonder at how we could tolerate such an obscene disparity?

The late 1960s and 1970s were an exciting time for me as a young hospital doctor in the specialty of anaesthesia. Cardiac surgery was taking off, and intensive care units had been established as a facility in the big teaching centres but had still to make an impact in the districts. As a young anaesthetic resident I found the cardiac rotation a prized experience. My colleagues and I knew that on this rotation we would learn so much that would benefit our own professional development and give us much experience to manage critically ill patients better in other areas of hospital practice. Invasive monitoring in theatre, the fundamentals of intensive care and cardiorespiratory support, assessment of patients, and the management of arrhythmias were the foundations of a new era. We knew that this was the future of modern hospital medicine and that we would be a better part of that future after our cardiac rotation. I am sure that today's young veterinary surgeons and anaesthetists must be relishing open heart surgery for dogs and cats in a similar way. In the 1960s and 1970s the development of hospital intensive care units was given a major boost as open heart surgery progressed, and I am sure the same process will take place for animal intensive care units now.

In 1846 the first successful anaesthetic to be publicly demonstrated was ether, and this agent is the mainstay of anaesthetic practice in rural sub-Saharan Africa now, as its safety and cost make it the best choice. For open heart surgery in domestic animals a newer generation of anaesthetic agents is available, which for me accentuates the obscenity.

Perhaps in time I will emerge from this culture shock and learn to accept with equanimity this appalling disparity between care of domestic animals in the developed world and human beings in sub-Saharan Africa—or perhaps this article is a sign of my underlying inability to adapt. Do I have a right to be at ease in my home culture, given such a reality? At the moment, though, I am hoping that I do not adapt, because either I am suffering from a severe form of "speciesism," or a global underlying racism exists that allows this obscenity to be tolerated.

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