My Student Elective

Obstetrics in Nazareth

LORNA HOLMES

A few years ago when I went to America, I distinctly remember the first smell that hit me when I stepped out of the car, having arrived at my destination. It was of burnt grass. Two months ago, as our Tri Star came to a halt on the Tel Aviv runway, I was anticipating with excitement what the first smell of Israel would be. As I stepped off the plane, to my disappointment, a blast of jet exhaust fumes hit me.

My next memories of Israel are of American kids hollering, "My God, is that a palm tree?" and of the intense heat and humidity, and a distinct whiff of camels in the air.

I had travelled from Belfast with two other students, who were going to Hadassa Hospital, Jerusalem, to do their electives. I was going to Nazareth alone, so we parted the next day. That was not pleasant. To be alone in Israel without yet having acquired *Bazak*—"Israel's own best-selling guide"—without yet having discarded my queueing mentality in favour of pushing and shoving as all Israelis

do, and without yet having learned to adopt the attitude that the piece of luggage in the aisle of the bus that everyone keeps tripping over could not possibly be mine, was a serious predicament. I sat alone in the bus to Nazareth, trying to move my case each time someone tripped over it, wondering at every town we came to whether it was Nazareth. When we came to one that said "Welcome to Nazareth" I peeled my wet back from my seat, rescued my offending suitcase, and got off.

Arrival in Nazareth

After a short walk up and down the main street I found a taxi. "Could you please take me to the hospital?" "Which one?" the taxi man asked, "English, French, or Italian?" I chose the English one, and five minutes later we were climbing a zigzag,

tree-lined path to the hospital, set in beautifully landscaped grounds on a hill. I immediately felt at home. I was shown to my room and given a briefing of where I could walk alone in the town, where I should go only in company, and where I shouldn't go. It ended with a warning not to go bare shouldered to the bazaar. For the next few days I was allowed to wander round the different departments to get an impression of how the whole hospital ran, before settling into one particular department.

It was a 120-bed missionary hospital run by the Edinburgh Medical Missionary Society, made up of medical, surgical, obstetric, and paediatric departments. The doctors and ward sisters were expatriates from Britain, the USA, Switzerland, Holland, France, Australia, and New Zealand, while the nurses were Arab girls. It was they who solved the language barrier, because in the nursing school attached to the hospital they took a prenursing course in English language and so could translate for me and the other temporary staff who could not speak good Arabic.

The Arabs of Nazareth, both Muslims and Christians, identified with our hospital on the hill because they could be nursed by girls who spoke their language and understood their culture, and could be treated by staff who did not consider them to be second-class citizens. In the Jewish hospitals the language was Hebrew, and Arabic was rarely spoken.

I attached myself to the obstetrics department and over the next five weeks developed a love for obstetrics that will last me through my medical course and perhaps beyond.

I remember my first few days on the labour ward. Never having witnessed a delivery before, I watched, as one woman watching other women suffering and in agony, wondering how I could ever go through childbirth myself. I found the process vaguely disgusting at first, and the woman's screams upsetting as she called on her father or her mother or Allah to put a stop to this agony. But once the baby was born and began to cry and the mother relaxed and attempted a smile (especially if the baby was a boy) I realised the beauty of childbirth. That first delivery took a lot out of me, as well as the mother. After disgust I felt great joy, and then quietly excused myself as I was light headed and seeing stars.

Seven babies are born a day, on average, in Nazareth Hospital, and in five weeks I must have seen over 20 deliveries. I never repeated that first emotional upheaval, but the actual moment of birth never failed to make me feel a sense of achievement, and when I was called at night to suture episiotomies and found myself beginning to get annoyed at being wakened, I used to think of what that mother had gone through in the past few hours while I had been asleep. Mind you, she wouldn't have to go through it for at least another year, and the chances were that I would have to get up tomorrow night too.

In return for the obstetric experience and teaching I was getting I was required to contribute to the running of the hospital. There was one other student during the time I was there, and between us we covered the hospital for stitching in outpatients, putting in intravenous catheters anywhere in the hospital, and episiotomies on the labour ward, 24 hours a day. I

also had to assist at tubal ligations, be present at caesarean sections, and assist in general surgery when the other student was away. It was a busy time, but it taught me a lot.

What I learnt

About medicine: I arrived knowing nothing about obstetrics. I left capable of conducting a normal delivery—in Arabic—and knowing the basic theory.

About the work of a missionary: It cannot be easy living in a compound within a strange culture. It's like living in a fish bowl. But the staff created an atmosphere of dedication to work, high standards, and good fun, and made their visitors very welcome.

About the Arab people: a friendly, volatile, dark-skinned race. They have one of the highest birth rates in the world—families of 10 or 12 children are not uncommon—and two or three times a week Nazareth would be filled with the sounds of a wedding party.

About the Jews: This was why I originally wanted to go to Israel, and in my five weeks at Nazareth any opportunity to talk with Israelis was cherished. For three weeks after finishing my elective I toured Israel and talked with many Jewish people. One

girl I talked to in Jerusalem, whose entire family with the exception of her parents had been wiped out in Nazi Germany, said that in every generation some group will rise up to persecute the Jews and that the maintenance of a Jewish State of Israel is the only way to give the Jews a refuge. After seeing Yad Vashem, the museum of the holocaust in Jerusalem, I can fully appreciate her point of view. This girl—Mia—is in the army and is prepared to die for Israel if need be. This feeling is shared by many Israelis.

Theirs is not an easy life. With inflation at at least 124% every year and three years' army service for men and two for women, with the prospect of future wars, it is a costly thing to emigrate to Israel these days. Many, particularly Americans, get disillusioned and leave, but many more share Mia's view and are prepared to come and live in remote settlements and work for Israel. While this spirit prevails vandalism and delinquency are minimal, and Israel is a challenging and exciting place to be.

On our journey out I told an American girl that I lived in Belfast and was on my way to Israel. She laughed and said that I had a fascination for war zones. Back home in the "safety" of one war zone, I listen with sympathy to news of that other one and hope and pray for courage for Israel's people and wisdom for her leaders, that her future may be good.

Today's Treatment

Clinical pharmacology

The Committee on Safety of Medicines and the prescribing doctor

JAMES CROOKS

To understand the role of the Committee on Safety of Medicines and how its work contributes to that of the prescribing doctor it is helpful to ask what the doctor requires of a new medicine. The first requirement is that the drug should be efficacious in patients for whom the drug is indicated. The second requirement is that the drug should be safe, not in absolute terms since this is rarely possible but rather that the adverse effects produced by the drug should be identified as early as possible together with an estimate of the frequency of their occurrence so that the prescriber can apply a benefit/risk assessment as a component of the therapeutic decision to prescribe. The last requirement is that the quality of the medicine in respect of its formulation, manufacture and physical properties, route of administration, etc, should be of an acceptable standard.

When considering the role of the committee it should be appreciated that it is a statutory committee of independent experts which *gives advice* to the Licensing Authority (Health and Agricultural Ministers) concerning the acceptability of a new medicine to undergo clinical trials or be granted a product licence that would allow it to be marketed. A pharmaceutical

company may appeal, under the Medicines Act of 1968, to the Medicines Commission against this advice.

Thus I have emphasised the advisory function of the committee, but how does it ensure that the prescribing doctor will have available new medicines that are efficacious, safe, and of acceptable quality? It does this in the following way. First of all it subjects a new drug to an assessment procedure before *recommending* that it is given a clinical trial certificate. It then takes into account all the information made available by the sponsoring company including the clinical trial results before *recommending* that it be given a product licence, which allows it to be marketed. Lastly the committee maintains its interest in ensuring that prescribers have safe and effective drugs at their disposal by organising postmarketing surveillance of new drugs in terms of adverse reactions, product manufacturing defects, advertising controls, and the provision of information to prescribing doctors about drug problems as they arise. The committee does much of this work helped by several expert subcommittees.

Clinical trial certificate

Before clinical trials may be performed with a new drug never before available or for a new indication for a drug already on the

Department of Pharmacology and Therapeutics, Ninewells Hospital, Dundee DD1 9SY

JAMES CROOKS, MD, FRCP, professor of therapeutics