The Left Atrium

Adrenaline junkies

Crisis Zone
A 13-part National Geographic television series
Airing on the Life Network (see also www.msf.ca)
Oct. 9 to Jan. 4
Thursdays, repeat airing on Sundays

The thin, black man turns aside, surreptitiously wiping tears from his face. He strives to be stoic but his eyes tell another story. He has just learned that his 14-year-old son — his only child — has osteosarcoma of the knee. Although the only option, amputation, might have been inescapable in any setting, no adjuvant chemotherapy or radiation treatment is possible at the Magburaka Hospital in Sierra Leone. "It's unbearably tragic," says Médecins Sans Frontières (MSF) physician David Friend, who breaks the news to the distraught father. Too often in media coverage of the developing world we are overwhelmed with alarming statistics and figures that are beyond understanding. But this man's emotion puts him in our backyard: he is every father; his love is universal.

This emotional connection is a high point in a new 13-part National Geographic series which began airing Oct. 9. It follows the work of 45 MSF volunteers in more than 20 countries, from Bolivia to Burudi, Sri Lanka to Sierra Leone. *Crisis Zone* is a passport to the experiences of MSF physicians, nurses, psychologists, engineers and logisticians. Certainly, much has been written about MSF's workers, but their depiction in the *Crisis Zone* allows us to grasp what sustains them in the face of exhaustion and overwhelming responsibility, difficult decisions and many sorrows.

Most of the hour-long episodes follow three of the 2500 volunteers and 15 000 paid MSF employees (who live full-time in the countries where projects are ongoing) over a period of a few days or a week. But, like most television programming, *Crisis Zone* has its limitations. Rather than telling each story from start to finish, snippets lasting no more than five minutes are presented at one location, and then abruptly move elsewhere. We leap from Afghanistan to Siberia to the Congo and back again with little attempt at segue other than a monotonous recapping of the story line with each geographical change. This technique is undoubtedly a bid to keep viewers' attention in true Hollywood style — after all, the narrator is Kiefer Sutherland — but it makes for a facile presentation. The occasional use of a fast-forward gimmick (which makes people suddenly rush about like designers in a demented *Trading Spaces* episode) is also disconcerting and unnecessary, as are the black lines that run through the opening and closing credits like war-era movie newsreels. But, then again, this is heavy fare for Life Network, which normally dwells on fashion trends and affairs of the heart (*Love 911*), with the occasional medical reality-TV show (*Life's Birth Stories*). If these filming techniques make the series palatable for North American audiences, so be it. The importance, after all, lies in the message, and these episodes speak volumes about important work and, MSF Canada hopes, may help recruit staff and raise funds.

National Geographic

Dr. Bruce Lampard, emergency physician, "Adrenaline junkie" and MSF volunteer

CMAJ got advance copies of the episodes featuring two Canadians: Toronto emergency physician Bruce Lampard in Afghanistan, and Montréal maternity nurse Katiana Rivette in Sierra Leone.

Episode 3, "On the Road," provides an idea of the variety of work that engages MSF: a reconnaissance mission in a remote area of the Democratic Republic of Congo; tracking patients in a Siberian hotspot for multidrug-resistant tuberculosis; and rehabilitating a rural hospital in Afghanistan.

We meet Lampard, an emergency department and self-confessed "adrenaline junkie" physician, during the final days of his six-month mission to rehabilitate the hospital in Qal'eh-ye Now. While bringing in supplies from Herat, he helps a man who has been stabbed in a squabble over a water can. Lampard tends to the life-threatening puncture of the man's lung and sends him to the hospital. The man lives. Later, we meet an eight-year-old boy with a spinal injury who will never walk again. "There's only so much you can do," laments Lampard. "You have to look at the big picture, trying to improve health care for everybody." But we see little of the far-reaching improvements he has worked so hard to effect; evidently, plumbing repairs, new drugs and equipment, and training for local doctors don't make for compelling visuals, even if these interventions might save lives. But this limitation is mitigated by Lampard's enthusiastic vow to return to work he characterizes as "pretty darn gratifying."

The segments in Siberia and Congo offer more complete narratives. In Siberia, a Spanish doctor and German nurse tirelessly track a tuberculosis pa-

tient — and alcoholic — who has left hospital before completing his treatment. They deliver the meds, making a tiny inroad into a significant public health problem.

Meanwhile, in the Congo, a nurse and logistician from the Netherlands embark on a 550-km reconnaissance mission to assess the need for a mobile clinic in the "land of the living skeletons," a forgotten region near Lolongolokonga. Peter Rietveld is also trying to understand the cachexia that afflicts many inhabitants of the area. Questioning and observation lead him to suspect an association with endemic river blindness — and with abject poverty.

Episode 4, "Borders and Babies" (airing Oct. 30 and Nov. 2), features work in Sierra Leone and on the border between Pakistan and Afghanistan. Canadian nurse Katiana Rivette, in her early days as head of the maternity ward at Magburaka hospital, tries to save a baby whose mother is dying of pre-eclampsia: both succumb. (Was it necessary to show this woman's breasts? Was patient permission obtained? We don't know.) This episode also features the heart-wrenching story of the boy with osteosarcoma.

In Freetown, we catch American Rebecca Golden wrapping up seven years as head of the MSF mission in Sierra Leone. She admits to being tired — "I want to get out from underneath the responsibility" — but at the same time she loves the country and returns to the US with trepidation.

In Chaman, Afghanistan, Briton Vickie Hawkins supervises logistics and medical care for the thousands of refugees streaming across the border. She also cuts through red tape to get a seriously ill man admitted to hospital. Her frustration simmers, but she can't show it. "It's unstable, volatile, even violent. So, what am I doing here?" she asks. "I love it!"

This enthusiasm is the thread that joins all the MSF staff and volunteers encountered. "A life-changing experience," says Friend. "I want to change the world," says Rivette at the start of her term. Within a week she's changed her tune: "I can't save the world, or Sierra Leone, or a village. I'm just here to share a little bit of my knowledge. For sure I'm going to gain more than I give."

Lampard aptly sums it up: "At the end of the day, I sleep a little better."

Barbara Sibbald
CMAJ

Room for a view

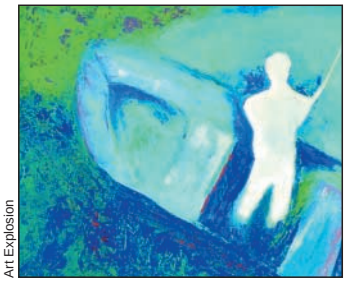
Neurosurgical depression

He wakes up soaked in sweat at 3:30 am, rescued by consciousness from a string of nightmares. The first was about a new reality show on television in which all of the male contestants agreed to have their penises cut off if they didn't win. The victims seemed to tolerate the insult with equanimity.

He rolls out of bed, panting with panic. There is no point in trying to sleep a little longer. It doesn't take a brain surgeon to understand that this man has feelings of inadequacy and insecurity and is tormented by demons.

He gets dressed, fumbling with his shirt buttons and the knot in his tie. It's an awkward process: the end of his dominant thumb is split from the dry winter air and he doesn't want to reopen it and bloody his clothes. He tries to get downstairs quietly, to avoid waking his wife and daughters, but his chocolate Labrador emerges from nowhere and trips him up in the dark. Body and briefcase go sprawling. His older dog, a big yellow lab, pads down the hall to check things out; she licks his head, sticking her tongue up his nose.

This is his laugh for the day. He pulls himself up, resigned to the blond dog hair now clinging to his meticulously kept clothes. He stumbles downstairs and throws on his coat. The air is frigid; he feels his way in the dark to the car. The engine won't be warm until he pulls into the parking lot at the hospital. For three hours he answers emails, dictates discharge summaries, listens to jazz on the radio, and works on revisions of a manuscript that he is so proud of and that three journals have rejected so far.


Art Explosion

He goes downstairs to the coffee bar and gets a large regular coffee, his only meal of the day. The hospital still has an early, empty feeling: there's no one else in line. At 7:45 a.m. he goes to the operating room. His first patient needs to be delayed; she has had a sore throat since yesterday and has started to wheeze. Her elective back surgery was booked a month ago. He chats with the anesthesiologist, who suggests they start with one of his two other cases — both young, both requiring removal of a brain tumour. The OR nurses, his second family, curse under their breath because they already had the room set up for the lumbar discectomy and have to rearrange it.

He gets through the two tumour surgeries and the sweet little lady with the back problem is deemed fit for surgery after inhaling from some puffers. So he gets all three cases done. Much of the surgical day is spent fussing over residents and fellows to do the surgery as well as he would but in twice the time it would take him. And one of the really good OR nurses is in a manic phase and is exhausting to be with; he's usually the only manic one in the OR.