

A Deeper Look... (looking into the lives of people and projects that are making a difference in Malawi)

The Village Man who became a Doctor

Dr. Bridon M'baya (Medical Director of Malawi Blood Transfusion Service MBTS) talks to **Dr. Baljit Cheema** about his life, career and the work of the MBTS

Bridon M'baya at 31 years of age has come a long way from Juma village where he grew up the eldest son in a large family. "Both my parents are subsistence farmers – peasant farmers. I grew up in the countryside, even when I was at secondary school or college every holiday I would go back to my village and it's a long way from the main road so there is nothing about village life that I do not know." Juma is in the heart of the swamps of Lake Chilwa – not accessible by public transport and 21km by dirt road from Ntaja.

"There are seven in my family – the last born is a brother who is about 6 years old now and in the middle are sisters so I have quite a huge responsibility to look after everyone." As he explains his upbringing and responsibilities I see that he is driven not only by a sense of duty and a strong work ethic but also by a genuine passion to help others.

At the age of fifteen he gained a scholarship to Kamuzu Academy where he excelled at science and made the decision to study medicine he says, "I found medicine and serving others who need your help to be quite noble and I wanted to direct my abilities in science to such an act."

After graduating from the College of Medicine in 2002 Dr. M'baya did his internship at Kamuzu Central Hospital (KCH) where he applied himself with whole-hearted enthusiasm. "I went through all the departments and worked in each department as if I wanted to specialise in that department and it's something that I am proud of to say that I am actually a hard worker – and it doesn't matter what I do I put all my energies into it."

Following this was a period at David Gordon Memorial Hospital in Livingstonia – a remote mission hospital where others did not want to work because it was inaccessible by public transport. Dr. M'baya volunteered to work there "I took it as challenge to go and work there and I am proud of the legacy I left there."

In 2004 he saw an advertisement seeking medical officers for the newly set up Malawi Blood Transfusion Service (MBTS). A year later he was interviewed and began work at MBTS in June 2005. "My job description for the first two months was just to read" he says with a chuckle - still marvelling at the sheer luxury, "so for the first two months I was just sitting in my office and reading before I got stuck into the day-to-day job."

Dr. M'baya certainly seems to have made use of this opportunity to study and is now a veritable mine of information across the whole spectrum of transfusion medicine – from its history to laboratory techniques to community issues – he



speaks with knowledge and convincing authority. Talking to him it is easy to see why he has risen to the post of Medical Director at the MBTS after only 2 years with the service.

He explains to me why MBTS does not pay blood donors "if we take the three types of blood donors which are: paid blood donors (people who come to donate for a fee); family replacement donors (people who come to donate for the benefit of someone they know) and voluntary non-remunerated donors (people who just walk in and donate blood) - it has been persistently shown in all parts of the world that the prevalence of infectious agents is highest amongst paid donors followed by family replacement donors and then lowest amongst voluntary non-remunerated donors."

He strongly believes that (in keeping with WHO policy) Malawi should try to avoid the previous system of family replacement donors as much as possible. He says, "In the family replacement system there is a lot of time wasted between the time for transfusion and the time that blood is made available. Time is wasted to go to look for family members, to screen for infectious agents and red cell antigens, to conduct the blood donation session, to do a cross match and to issue the blood. Where blood is needed in an emergency like in paediatric transfusion or in haemorrhage after trauma or complications of labour - that time means that lives are being lost."

There are those that argue that the family replacement system is financially cheaper to run – but Dr. M'baya does not accept that he says the human costs need to be included in the sums. "Clinicians go to the bedside and they prescribe a unit of blood and they go away. The nurses who are usually enrolled nurses are the ones who tell the guardians to look

for a donor (I am talking of the old system). The matrons will be in their offices they will not see this. The lab people only saw the finished product those who have managed to get a guardian to come and donate blood. The clinician only comes in again when the person passes away because there was no unit of blood. It is the enrolled nurse who saw everything from the time somebody has been asked to donate blood to the time the patient passed away. Yet at all management meetings at all levels the enrolled nurses were not present. The matron who sits in the office or the ward in-charge who sits in her little office to manage or the laboratory technician or the clinicians are the ones who rise high enough to sit in management meetings and discuss problems of the hospitals. The extent of the problem of the family replacement blood donation with regards to the lives that were lost was seen by people who have no way of telling it to everyone and I think people need to realise that.”

Another myth that Dr M'baya is keen to dispel is that just because blood has been screened it is automatically safe. “Despite all the testing that we can do we need to realise that there are many more agents that can be spread thro' blood transfusion than we screen for. We only screen for HIV, Hepatitis B & C, syphilis and malaria. There are other agents HTLV, Hepatitis A, CMV, Parvoviruses – they can be spread through transfusions as well. And because of the window period (there is no testing technology that is going to eliminate the window period) so there is still a residual risk that infectious agents can be transmitted through blood transfusion as such it is important that transfusions are given only when absolutely necessary and that is the responsibility of us clinicians on the ground. We need to be sure that we can justify the transfusion we are giving because every transfusion we prescribe we are exposing the recipient to potential risk.” He adds that infectious agents are not the only hazard “there are risks on the red cell antigens as well – because we only screen for red cell antigens of two blood group systems – there are over 29 blood group systems and we don't screen for the others and every time we prescribe a unit of blood we are potentially exposing that person to foreign antigens to which they will form antibodies and make future transfusions a problem.”

Certainly there is an issue of limited supplies although MBTS have been working very hard to recruit blood donors and keep stocks at adequate levels. Along with the two static blood donation centres in Blantyre and Lilongwe there are 8 mobile blood donor teams who go out to schools, churches and workplaces around the country on a daily basis.

Dr. M'baya points out that MBTS has made significant advances in blood donor recruitment, “In 2004 MBTS collected just a little under 5,000 units of blood. Last year (2006) we collected a little over 25,000 units of blood and that five-fold increase over a period of only 2yrs is remarkable. Especially given that MBTS started operating at a time when there were rumours of blood suckers in Malawi when school children would run away from a blood collection car, when blood collection issues were discussed even in parliament and we had journalists being arrested for issues of blood sucking – so to come from that angle to reach this kind of expansion is something that we are proud of.”

However, Dr. M'baya admits that even with this increase in blood donation there is still a shortfall. “There are many more transfusions than what the 25,000 units can fulfil so we realise that the need for blood is quite high and we are not as yet meeting 100% of the needs. He explains, “Our biggest challenge as of now is that 70% of the people who donate blood are school children – mostly secondary schools and colleges. We tend to have problems when the students go on leave in particular the long holidays of November to mid-January because this is the time the rains start coming down, the malaria incidence goes up and in December with the festive season road traffic accidents increase – so there is an increase in the demand for blood.”

The best part of the job for Dr. M'baya he says is when MBTS is able to supply all the blood they have been asked for. “Also when I hear testimonies from the hospitals of how people have been saved by blood transfusions that makes me happy. A typical example here is a testimony I heard from Dr. Burmeister (in charge of anaesthesia and ICU at KCH) where a lady was admitted to ICU with Hb of 2g/dL still bleeding and with a coagulopathy. I was told she was saved because packed cells were available, FFP was available, platelets were available – that makes me happy.”

On the other hand the days when the need for blood has not been met and he gets calls from angry doctors are low points. In the somewhat defensive tone of one accustomed to being harangued he says “People will not believe this but we are not happy when we are not able to distribute blood to the hospitals according to demand.” He pauses a moment to reflect and then adds earnestly “but as an appeal to all of us it should not be seen as MBTS's problem alone because when we are running around trying to get blood donations, speaking ourselves hoarse and very few come forward to donate blood who's problem is it really?”

To end the interview I ask Dr. M'baya what are the most important lessons he has learnt since becoming a doctor. He replies “With time I have come to realise that as an individual you have strong points as well as weak points and what matters is that at all times the people that you are serving should see that you are giving your best. During the course of giving your best you will make some errors you will have some shortfalls and people are willing to forgive you for those. Secondly that we always work in a community and the community has got its own dynamics. And regardless of how good one is you need to always remember the dynamics of the community that you live in. And if I can put it 'be able to play the politics' if you are not good at the politics regardless of how good you are – you are not going to make much progress in your career.”

Simple but wise words. Perhaps it is the down-to-earth village man in Dr. M'baya speaking he says, “I have always maintained my roots in the village. Actually I have only just bought my first car a few months ago and all along people kept asking me why I was riding in minibuses? Why a doctor should do this? And my answer was always simple “I am a village man who became a doctor – I am not a doctor – and I will live as a village man.”