Putting things into perspective

Neel Kothari talks to Leo Cheng about the work of Christian dental charity Mercy Ships and how it’s providing many West African communities with much-needed dental care.

Over the past couple of years, I have read numerous articles outlining some of the day-to-day failures seen within the NHS (some even by myself, perhaps). While the difficulties have been much publicised, many of the things we get right are often forgotten and, dare I say it, taken for granted.

The advantages of the NHS are even more noticeable when looking at developing countries, where a lack of basic provisions often results in the spread of disease considered eradicated in the west.

Reaching out

Let me turn your attention to Reaching out in the west.

For example, because of a direct lack of healthcare, one patient required life-saving emergency treatment as a result of a spreading dental infection. Drains were inserted in all facial spaces in his neck and floor of mouth and regular irrigation through the drains with anti-septics (for example, betadine, hydrogen peroxide, etc) was necessary to wash out abscess cavities within his chest. Thereafter, this patient was intubated in ITU and kept in ITU for three days before extubation. He continued to receive irrigation of his mediastinal abscesses for another two weeks before his infection was under control.

First-class dentistry for the third world

Onboard, the volunteer dentists, nurses and hygienists play an important role in the prevention of dental diseases and help educate patients by showing simple oral hygiene tips, as well as by introducing fluoride to the oral cavity. While many patients have to undergo procedures such as the extraction of teeth and roots, dentists are also able to restore teeth with composite fillings. Mr Cheng also informs us that when at one point dental students had come on board to observe Mercy Ships in action, in the short time they were there, they ended up extracting more than 90 roots and teeth, more than required for their entire dental training!

Deformities in developing nations

For the poor in developing nations, accessing necessary medical and surgical care is extremely difficult, due to their remote location, lack of medical facilities and financial constraints. Conditions that would be treated in the early stages in developed nations grow to the point of being life threatening in undeveloped nations; the consequence for many is a lifetime of disability and rejection.

Cleft lip and/or palate is a condition easily repaired in the developed world; however, cleft lip babies born in developing countries are often malnourished because they cannot feed properly. Children who do survive are often rejected because of their deformity. The statistics tell us that cleft lip and palate is the number one facial birth defect and the fourth most common birth defect overall, affecting 1 in 700-1,000 live births (WHO).

In the UK, cleft lip and/or palate is routinely treated at a young age, however, in West Africa it can be left untreated. In West Africa, superstition also plays an important role in how children with facial deformities are treated. I am informed that many children with this condition are kept hidden from view, rejected by friends and family, stoned if they appear in public and in some cases have been buried alive.

Superstitious practices

The lack of healthcare provision and education has meant that in many cases, witch doctors or village chiefs are often the first port of call for many local villagers. Unfortunately, the advice given is based on local superstition and a real lack of healthcare access means that, for many, there is no option other than to take this advice.

In a recent report by the BBC, Humphrey Hawksley reported that, while billions of dollars of aid have been invested in programmes to modernise Africa,
and end poverty, traditions such as secret societies and witchcraft are still deeply entrenched and often pitted against what the West is trying to achieve there.

If you are interested in learning more about the work provided by Mercy Ships, please visit www.mercyships.org.uk, where you will be able to find a plethora of information and some truly heartwarming stories about some third world citizens not lucky enough to have access to proper health care, let alone a national health service.

**About Mercy Ships**

Mercy Ships is an international Christian charity that provides free medical care and humanitarian aid to the poorest countries in Africa through its ship – the Africa Mercy. The Africa Mercy is the world’s largest charity hospital ship. It has a 78-bed ward with six operating theatres, x-ray facilities, a CT scanner and laboratory facilities.

The surgeons on board perform operations on children and adults such as cleft lip and palate, cataract and crossed eye corrections, facial reconstructions, club feet and dental treatments. Entire communities have been changed through the provision of medical equipment and medicines, as well as water sanitation projects, and agriculture and construction training.

Over the last 30 years, Mercy Ships has worked in more than 70 countries providing services valued at £550million and impacting about 2.5million people.

The charity has treated more than 485,000 people in village medical and dental clinics, performed more than 47,000 surgeries and completed more than 1,000 community development projects focusing on water and sanitation, education, development and agriculture.

**Who works on them?**

The Africa Mercy is crewed by more than 450 volunteers ranging from surgeons and nurses, to engineers, cooks and agriculture specialists, each paying crew fees for the time they serve onboard. Thus the highest proportion of funds received by the charity go directly to those in desperate need as all medical services on board the ships are free of charge.

**About the author**

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL’s Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.