The Buck Stops Here by Des Pyper (Year of 1968)

Who would have thought a holiday in Gambia would result in my becoming a volunteer dentist with a Swedish Charity and working as the only white European dentist in a country of about 2 million Muslims and only 10 dentists?

Having had a busy weekend examining the NEBDN (National Examining Board for Dental Nurses) OHI Diploma exams in London, I had a week to myself. I flew to Gambia in March 2014 on a last- minute break, having had just about every injection known to the medical profession to protect against 'who knows what'. I was oblivious to the fear of Ebola as I was going for beach and heat not for body contact.

I had been made redundant for being 'over age' from a part-time position of 3 days a week working with both kids and special needs patients at the hospital in Jersey. Having tried retirement and becoming bored after a few months going through the usual 'bucket list', I realised it was getting longer, not shorter, and I still seemed to be working 24/7 getting nowhere.

My life plan was to get out of general practice at 57 as this was the medical insurance best statistical age to prevent major medical problems and 'burn-out' in later professional life. I sold my private practice, worked there part-time 2/3 days a week and then gave up after becoming ill and taking several months to recover. I call this Sod's Law, but the plan was right.

I have been an examiner for the various diplomas of the NEBDN since the 80s and considered this my way of giving something back to the profession. I was also on the GDC Private Complaints Panel since its inception. This kept me up to date with the dental scene and provided a great way to meet colleagues and give a balanced decision on complaints from the public against dentists, although that is getting harder with the current attitude of the GDC. Our group is trying to be very objective although the GDC seems to be ignoring all of our advice and have their own agenda – but that is a different story!

I researched Gambia as a holiday destination and it certainly ticks all of the boxes as a beach holiday with guaranteed sunshine provided you stay on the 'strip', but being Irish and nosey I always look for dental colleagues and discover the local scene. Swedent is a practice set up many years ago in Kotu by Lars Goren from Sweden which used to provide a comprehensive dental service with a lab etc. Lars has now moved back to Sweden and it has been run by visiting dentists ever since, but he still controls everything from Sweden and comes back annually for several weeks. We now have a superb Belgian oral surgeon from Brussels Dental School, a Swedish orthodontist and, until recently, a female British dentist, all coming for spells at various times to provide dental care, pain relief and education. The practice is known to have European-qualified dentists so that is a major plus side, but like all clinics, it needs someone in charge all the time to maintain a service, as pain does not go away when the clinicians are not in Gambia.

The Swedish charity, called Future in our Hands, does amazing work. We go up to the villages in jeeps with rudimentary equipment and carry out treatment and provide education in the village schools, which gives us a central location to set up shop. It is amazing what you can do with glass-ionomer, excavators, forceps and a headlight, although most clinics are set up outside in the sun as there is no electricity. We are trialling a 'Salt Fluoride' project by giving the villagers fluoride salt to put in their cooking in the hope that the next generation will benefit. The present generation benefit from nutrition education and 'Chew-Sticks' to effectively clean their teeth. Toothbrushes are better but villagers have no money to replace them; the chew sticks are free and more effective than the occasional use of a brush!

As the only dentist I see all of the African pathology as well as the more familiar ones, but the 'Buck Stops Here' as it is not possible to refer to a UK hospital, only to the local general hospital if the patients can afford to travel – but there is no oral surgeon there, just general surgeons! Dakar, in the neighbouring country of Senegal, has the "Pasteur Clinic" that has excellent facilities, but locals do not have enough money for a meal let alone pay for a journey to the next country – and the language barrier is a further problem.

Dental fistulas, tumours, periodontal pathology, even cleft lips & palates as well as many other different local anomalies are usually treated by a witch doctor.. He is the most powerful man in a village and treated with great respect and his treatments are still widely used. There are potions for everything from toothache to vaginal/penis enlargements but the medicine seems to be the same for everything. President Jammeh of Gambia believes in witch-doctor medicines and believes he has a cure for AIDS…..that says it all!

Thank goodness for the Internet when there is electricity and a Wi-Fi signal as I can then take photographs and send them back to the U.K. for diagnosis and clinical advice. We average 4/5 power cuts a day at the clinic and the back-up generator is not powerful enough to run the autoclave, so we then have to wash the instruments and keep them for sterilisation until we get power. In the villages, bleach and boiling water is the standard and it works, although it would never meet HTM 01-05 standards of the UK!

I discovered that Articaine is the answer to my local anaesthesia problems. Anatomy is so varied most of my ID blocks took ages to work and I achieve better results using intra-osseous injection or infiltrations. We have to bring most of the dental materials ourselves and inevitably I end up with two bags of dental stuff and a backpack of clothes. My local dentists in Jersey have donated most of my materials and much is out of date, but it still works and at least gives the patients some pain relief. We can deliver good care if we have the materials, electricity and water, but treatment is a compromise designed to relieve pain and suffering as best we can. We also provide some income to pay the staff; about £30 per month to each of the two nurses and £40 to the manager.

Mandingo and Woloff are the two commonest languages but the nurses translate if patients cannot speak English – but pointing to a sore tooth is universal and diagnosis is just about sorting out which of the carious teeth is aching today!

The clinic in Kotu is basic with 20+ year-old equipment but by cannibalising bits and pieces I have managed to get one and a half surgeries working and resurrected bits of the laboratory to allow acrylic repairs, splints, temp crowns etc to be made. This is, of course, when I can remember how to make them – my lab working skills go back 35 years so it is a steep learning curve. We were donated an OPG machine from Sweden but for 6 months it only took pictures of the maxilla – we had to get a spare ‘chip’ sent to us from Stockholm. Intra-oral X-rays can only be taken when we have developer and fixer. Everything is kept in a fridge, as it is the only way to guarantee some consistency with solution strengths, as temperatures regularly rise to over 40C.

We have trained our nurses to carry out ultrasonic scaling and polishing. Jabo, our female nurse, is very conscientious and can give 'locals' and place dressings in teeth under supervision. All laboratory work is sent to Sweden or Belgium via holidaymakers going home! We cannot trust the local postage but DHL will carry stuff out of, and deliver in, Gambia.

I shall be returning to Gambia at the end of April until June when I have commitments in UK and Jersey. We are desperate for dental professionals to join us in Gambia...

A bad harvest, an attempted coup and the threat of Ebola have set the country even further back as it relies totally on tourism and farming for income. Money is very scarce and unemployment high so this will be an interesting period for Gambia.

Des and the Dental Team

Land Mine Warning Signs

Local Water Supply

Communal Eating

Modern Toilets

Local Dentistry