

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

“We need to measure success in the quality of life we are able to provide, not just in the number of deaths averted.....” Prof Elizabeth Molyneux talks to Thengo Kavinya on her career

Tk: Briefly your background

EM: I was born and brought up in India, where my parents were missionaries. My mother was a doctor and my father an Anglican priest. I was always fascinated by medicine and hospitals and have always wanted to be a doctor. When I was 13 years old I, with my brother and sister, was sent to Wales to boarding school while my parents returned to India. In those days we did not travel the way people do now and my brother, sister and I did not see our parents again for five years. We wrote to each other every week, and letters took four to six weeks to arrive. Letters bond you in a special way.



I trained in St Bartholomew's ('Barts') in London, where I met another medical student from Cambridge called Malcolm Molyneux. We got married soon after qualifying and continued our postgraduate training in the UK—mainly in and around Birmingham and London. But we had always wanted to work in a low-resource setting. Malcolm had spent a very happy childhood in what is now the DRC, and I in India, and we wanted to work in similar places. We made a few enquiries, but the Archbishop of Central Africa heard about us and landed on our doorstep in London and asked us if we would come to Malosa in Malawi, to work at St Luke's Hospital. Malcolm had been to Malawi when an elective student in South Africa and thought it would be a splendid place for us to work.

We arrived in 1974 with two children and two more were born here, one at St Luke's and another at Queen's. Our children are Sassy, who is a social scientist in Kenya; Matthew, a thoracic anaesthetist in Bristol UK; Ben, a dentist in London; and Sam, a trauma orthopaedic surgeon in Edinburgh. Between them, we have 11 grandchildren.

TK: Brief me more about your professional experiences

EM: I am a paediatrician. Initially, I did diplomas in obstetrics and gynaecology and in paediatrics and then, quite a long time after qualifying and when our children were settled in schools, I did the MRCP (Paeds). Not long afterwards, I was made an FRCP, FRCPC, and a FRCM. These are fellows of the Royal College of Physicians, of Paediatrics and Child Health, and of the College of Emergency Medicine—all in the UK.

After being in Malawi and working in St Luke's Hospital and then in the QECH for ten years we returned to the UK for a decade. During that time I was clinical director of the emergency department of the Royal Liverpool Children's Hospital. It was also a time when I gained experience in oncology.

On returning to Malawi, and to Queen's in 1995, I was appointed as an associate professor in the College of Medicine. Later, I was made a full professor and Head of Department. In Queen's, I was instrumental in starting the Paediatric A&E Department, the Kangaroo Care Unit, the Oncology Unit, and the Palliative Care Team for paediatrics, though all of these were done working closely with colleagues in the department and the hospital. It has been wonderful to watch and be part of the growth of the College, the training of doctors and paediatricians, the development of nursing postgraduate courses. It has been heartwarming to see the clinical care given to children improve and develop and extend.

I 'sort of' retired about five years ago, but I get so much pleasure and satisfaction from what I do and so have been slow to hang up my white coat. I have been waiting for colleagues to finish their training in South Africa and to return and take up the reins.

TK: What prompted you to join this field?

EM: All of medicine is fascinating. As a student, I had always thought I would be an obstetrician but then I did paediatrics and was hooked!

TK: What are your views on the current standards of the health system in the country and what do you think should change and improve?

EM: Malawi has done very well with the Millennium Development Goal 4. Our EPI programme is envied by many. The HIV programme has done a remarkable job in providing ARTs to thousands of people who need them. Our TB programme works well. There is progress against malaria. Supplementary food programmes have been successful. So now we need to turn to other health problems—mainly those of newborns and also the noncommunicable diseases, such as cancer,

hypertension, diabetes, cardiac disease, epilepsy, neurodisability. We need to measure success in the quality of life we are able to provide, not just in the number of deaths averted.

We need a system that delivers high quality care consistently and a work force that can be proud of their achievements, feel valued and have clear career paths that they can follow.

TK: Discuss your experiences as they relate to your field?

EM: I am glad to have been able to continue doing clinical paediatrics throughout my career. Clinical medicine has its moments of huge satisfaction and also its low moments, but in my view it is a wonderful privilege to look after children, and especially to make children better.

The camaraderie of our department, support for each other, interest in each others' achievements, and genuine pride in our juniors and peers make it a special place to work.

I have been pleased to be a founder of APLS (Advanced Paediatric Life Support)—a course of emergency paediatrics that is now a requirement for training in many countries. This led to developing the WHO course called ETAT (Emergency Triage Assessment and Treatment), which is now taught in many LMICs, including Malawi.

Paediatric palliative care in Malawi is held in high regard, and I am glad to have been instrumental in starting it.

Our oncology unit has, step by step, provided treatment and care for children with cancer and is achieving good results.

Our care of abused children is holistic, and is focused on the welfare of the child.

Working with biomedical colleagues in developing the Pumani CPAP machine—now in all the government hospitals in Malawi—has been a great adventure. There is a lot more to do in this field and the engineering department of the Polytechnic is working closely with us to take this field forward.

TK: Describe your greatest achievement you are proud of?

EM: I am most proud of my family; they come first in every sense of the word.

I have mentioned some of the things I am pleased to have been part of already.

It was a special occasion to receive the OBE, with Malcolm, from the Queen, for services to the children of Malawi. I was proud to be honoured by the Society of Malawi Doctors. The Royal College of Emergency Medicine gave me the first William Rutherford Prize and the Royal College of Paediatrics and Child Health gave me an honorary fellowship. Newcastle University gave me a Doctorate in Science *honoris causa*. But all of these reflect on the people I have had the privilege to work with—doctors, nurses, clinical officers, patient attendants, etc.; what is mine is also theirs.

TK: What are your current research interests?

EM: Oncology—therapeutic trials to improve outcome of common cancers in our setting.

Neonates—trying to improve basic neonatal care in the district hospitals and health centres.

Emergency care and appropriate technology.

TK: Any last Words

EM: I want to thank all the people I have worked with—for their friendship, expertise, hard work, and good humour. And I must also express special admiration for the mothers and grannies of the children we care for—for their trust in us, and for the fortitude, good humour, love, and devotion they show for their children.