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Wendland, Claire L. A Heart for the Work: Journeys Through an African Medical School. Chicago: University of Chicago Press, 2010. 330pp.

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In A Heart for the Work, obstetrician and anthropologist Claire L. Wendland writes about medical student training in Malawi's first medical school. In contrast to Western medical school ethnographies, this work does not find students becoming increasingly detached from their patients as they study sick bodies and the science of medicine. Instead, empathetic connections to the afflicted are strengthened. Wendland's research demonstrates that although medical curricular are increasingly harmonized around the world, the processes and influence of medical education are not. As elsewhere on the globe, doctors are held in high regard in Malawi and medical school is hard to enter and challenging to complete. But Malawian medical students have no assurance of an upper-middle class wage or state-of-the- art clinics at graduation. Many are "called" to medicine, others choose it for the prestige, and some study it because they have shadowed relatives in health care or practiced as clinical officers themselves. Chapter Three details students' socioeconomic enablers and motivations for pursuing a medical career. Although there are multiple paths to medical school, and Wendland is careful to include the many exceptions in her ethnography, the journey to Malawi's College of Medicine is most easily navigated by upper-class, male, Christian students.

Matriculation is only the first of many challenges to receiving and perfecting scientific training in this resource-limited setting. As the author observes (and titles the very rich sixth chapter), "resource is a verb" in Malawi and "resourcing" is a skill honed in medical school. Resourceful doctors procure tests and medicines despite shortages, and improvise creatively, when essential tools are impossible to obtain. Exceptional physical diagnosis skills stand in the gap in the absence of high-tech diagnostics. Students and faculty are unworried by personal and professional risks associated with diverting resources, which are overshadowed by avoidable adverse outcomes that arise from the dearth of the materials of health care.

Very early in their education, students at the College of Medicine and its associated Queen Elizabeth Central Hospital become nominally supervised clinicians. As trainees, they have close and extended work with terminal patients and a very small community of classmates with which to share difficult experiences. Irrespective of previous preparation (some students have worked as clinical officers), all the students struggle emotionally to work through the suffering and poverty of their patients to deliver care. Working with too few tools and personnel, students and interns recognize that they cannot but draw upon the expertise and experience of nurses and clinical officers. As Wendland observes,

with the exception of female students, who are often mistaken for nurses, Malawian medical students are immediately and continuously accorded the very high respect reserved for medical doctors. This might have prevented the authoritarianism and power struggles that have been documented for Western medical students.

The possible trajectories for graduates of the new College of Medicine could only be projected at the time of writing. The book does this by layering student aspirations and newly-graduated intern experiences on to available data and interviews with Malawian physicians. In spite of an often-stated desire to migrate, and the belief that this is the most popular path of their predecessors, Wendland speculates that most of the medical school's graduates will become general practitioners in Malawi. Data from a recent study suggests that this is where most recent graduates are and Wendland finds most of those she followed through medical school in domestic posts soon after graduation. However, the author does not project very far, but perhaps an ethnography should not. As the alumni population builds, the least objectionable posts in Malawi are filled and the school gains reputation, even as the motivations and means to migrate could actually increase. This is certainly the experience of African countries with older medical schools;[101] but as Wendland mentions, doctors who migrate may still contribute to health care in Malawi in some way or form.

A Heart for the Work does identify important systemic problems that promote emigration from Malawi. A two tiered pay structure for faculty members at the medical school, which gives expatriates much cushier wages and benefits than Malawians, stands in the way of "Malawianizing" the Medical school and is a principal factor that could drive brain drain. While financials are enumerated as disincentives to stay in Malawi – Malawian government doctors not only earn less than their contemporaries abroad, they are more poorly paid than other professionals like lawyers and accountants – the students cite the dearth of tools needed for optimal clinical care and the risk of contracting life-threatening disease on the job as principal inducements to emigrate. Wendland observes that although pay and work conditions in the public health system are poor, they can be supplemented with social capital, with part-time private practice and with what Valéry Ridde has referred to as "perdiemitis," income supplements obtained by attending externally-funded training workshops that are replete across Africa. As Ridde has observed, the opportunity to make a living from perdiems solves some problems but is its own disease.

A Malawian health practitioner is a doctor or nurse all the time and everywhere. Most are compelled to work round the clock from home as well as the hospital, and

[101] C. Ihekweazu., I. Anya, and E. Anosike, "Nigerian Medical Graduates: Where Are They Now?" *Lancet* 365 (2005):1847-8.

for little pay. A couple of months can, on occasion, be skipped from the payroll due to "computer problems" and back pay may be difficult or impossible to secure. These disincentives occur alongside an almost complete absence of regulatory, professional or public oversight of clinical practice. As a result, Malawian doctors are viewed by their students as either exceptional or "saint like" in their practice and commitment to their patients, or working, or failing to work, with "clinical impunity." Almost no doctors did "a decently competent job for eight or ten hours and then [went] home" (171). The Malawian medical students aspired to practice with "Heart", an unusual "empathetic responsibility" (177), which Wendland's book captures very well. The students hoped not to "become so absorbed in the trauma that [they would] miss the gift" (173). Western Medical school ethnographies inevitably record that the stresses of medical school result manifests in derision and even dislike of patients.[102] Wendland observes similar stresses and frustrations among Malawian medical students but remarkably finds no ill-will towards patients. Instead, the students direct their anger at their government, whose failure to properly resource the health system is held accountable for the failures and stresses that come with practicing medicine. And in contrast to Western medical trainees who become increasingly detached from politics, Malawian students become more politically aware activists in the course of their training. Rather than becoming disgusted at their patients, they work to mobilize them to demand better health care from their government.

Scholars and students of African medical practice need to read this richly illustrated picture of medical students, teachers, and other health practitioners in Malawi. Many recent studies of post-colonial medicine focus on external aid and its impact on the African clinic. By contrast, Wendland's eye is remarkably trained on the African medical establishment and thus provides valuable context for other studies. A *Heart for the Work* will also be valuable to health policy makers and medical educators as well s pre-medical and medical students in Africa and elsewhere. The author's personal experience working as an obstetrician as she engaged in her ethnographic research could be perceived as a confounding. However, the dearth of clinicians means that neither she nor "Queen's" hospital could afford to have her work only as an anthropologist. Her dual practices there, as well as her extensive experiences in medical education and clinical practice in the United States, come through in many unusual and positive ways.

[102] See for example, S. J. Reiser, *Medicine and the Reign of Technology* (New York: Cambridge University Press, 1978).

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