A LIFE IN RESEARCH

PEACE BAGASHA

Meet Peace Bagasha whose research of end-stage kidney patients and setting up of specialist training programmes could see organ transplants taking place in Uganda in the near-future

Peace Bagasha performed well at school and the expectations were that she would study medicine.

"I was mixed up about this," she says. "I was scared that I might kill my patients by mistake and terrified of watching patients die. But I was growing up in 1990s Uganda when HIV deaths were high. I was taking care of relatives who were dying, and I felt so helpless. If I were a doctor, I thought, I would be able to help."

Medicine won. After high school, Bagasha secured a government scholarship to study at Mbarara University of Science and Technology. During third-year clinical rounds, she was assigned a teenage boy with kidney disease and treated him alongside a visiting nephrologist from the UK. "The enthusiasm of this specialist rubbed off on me. I nave since been fascinated by this organ and its diseases." problems. First, a patient requires three sessions of dialysis a week, each costing US\$10-20. Second, this is a lifelong treatment. Third, only three public hospitals in Uganda offer dialysis and patients often have to leave their families, jobs and farms to be near these facilities.

"When a patient is first diagnosed and put on dialysis, relatives and friends rally around them," says Bagasha. "With time, the financial demands of dialysis strain relationships. Patients who have moved away from their rural homes feel isolated. Some patients [have to] sell their homes and land. leaving their families destitute.'

The last treatment option is maximum conservative management (MCM), where the patient's symptoms are treated so that they are as comfortable as possible. But their life is shortened.

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After graduation, she completed her internship and Master's Degree at Makerere University and then worked for two years at the Makerere and Mulago Palliative Care unit. In 2015, she headed to Canada for kidney specialist training at McMaster University. She then returned to Uganda to pursue a PhD through a THRiVE (Training Health Researchers in Vocational Excellence) fellowship at Makerere University.

Her research centred on quality of life of end-stage kidney patients. In Uganda, kidney patients tend to present for treatment when they are already showing symptoms. At this point the disease is advanced and treatment options limited and expensive. The optimum treatment in such cases is to receive a new kidney from a donor. Currently, no hospital in Uganda offers kidney transplants. Treatment abroad costs, on average, US\$30,000 - unaffordable for most.

The next option is dialysis, where a patient is hooked up to a machine that cleans their blood - which presents myriad

Bagasha's research concluded that the quality of life of patients on dialysis and those who have opted to have MCM was the same. She believes patients with failing kidneys who cannot afford a transplant and need lifelong dialysis must understand the financial and emotional ramifications of their decisions. It is uncanny that the young girl so afraid of killing her patients is now a 38-year-old specialist in a field where death is not uncommon.

As she comes to the end of her PhD, Bagasha has started dialysis training courses at Kiruddu Hospital in collaboration with the Uganda Kidney Foundation. She also trains upcoming doctors and organises specialist training abroad.

"I am one of 12 nephrologists in Uganda. I want to see more trained. If we build up the expertise, we will be able to do kidney transplants in Uganda in a few years, which will save our patients a lot of anguish. I also look forward to having more collaborators to build my research."



WORDS: TABITHA MWANGI