Fred J. Schiffman Humanism in Medicine: Reflections

Dextrocardia Situs Solitus: A Reflection on Life, Loss, and the Unyielding Currents of Belief

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It was the 5th of June, 2023.

The night sky of Obiaruku, a suburban town in Delta state, Nigeria tinkered with eagerness as the air hung heavy with the scent of rain-soaked earth, beef jerky, roasted yam, sweat and the distant hum of generators.

There at the Queen of The Apostles Catholic Hospital, a 30-bedded facility, I encountered a medical anomaly that would etch itself into the parchments of my memory.

As a post-housemanship medical officer eking out a modest living in a missionary hospital, my days were filled with routine check-ups, odd consultations and endless emergencies. Yet, nothing prepared me for the night a primiparous 22-year-old mother, her eyes reflecting both exhaustion and hope, presented her newborn son for examination.

To her and her husband, a northerner whose brusque gestures signaled his role as the family's decision-maker, something wasn't just right about the boy. Communication itself was strained—the mother spoke fragmented English(since she was Beninese and unschooled, while the father relied on Hausa and coarse Nigerian pidgin, necessitating a nurse's halting translation. This language barrier, commonplace in rural Nigeria's mosaic of dialects, thickened the air of confusion and unease. The child, weighing 3.2 kg, appeared healthy at first glance. His skin bore the caramel hue of vitality, and his cries were robust with shrill intensity.

However, as I placed my stethoscope on his silky smooth chest, I was met with an unexpected revelation: the apex beat resonated from the right hemithorax. A flurry of thoughts raced through my mind, each one more incredulous than the last. Was the stethoscope faulty? Of course, no. I bought it anew in 2020. Could this be dextrocardia with situs solitus? Or was I doing what had become my second nature wrong?

In medical literature, dextrocardia with situs solitus is a rarity, occurring in approximately 1 in 12,000 pregnancies. Unlike situs inversus, where the heart and other organs are mirrored, situs solitus denotes a normal arrangement of the abdominal organs, making the right-sided heart all the more peculiar. In regions like ours, such anomalies often evade prenatal detection due to scarce ultrasound access and overstretched antenatal clinics—preventative services crippled by underfunding. Dextrocardia situs solitus often goes unnoticed, especially in resource-constrained regions with limited access to prenatal care, leading to a lack of pertinent cardiac evaluations and monitoring throughout the patient's life.

Eager to foray deeper into this anomaly, I approached the parents with the suggestion of further investigations especially radiodiagnostics.

Heck! This was dextrocardia: a rare inversion, an anatomical blue moon. This was something I might never see again in my entire clinical career. This was too rare to let it slide without poking deeper. The boy's heart was a mirror image, reflecting a world where the mundane medleys with the surreal, making the ordinary become extraordinary.

But mirrors, as we know, can also break into shards. The parents—a young couple hardened by sparsely subsistent living—viewed my curiosity with suspicion. Their eyes, wary and avoidant, rejected further tests. When I mentioned the cost—#4,500 naira — a seemingly modest sum for a chest X-ray, yet probably equivalent to a week's income for them—the father's jaw tightened. He muttered some words afterwards but I couldn't get a hang of them. We then discussed Nigeria's National Health Insurance Scheme (NHIS), but enrollment was labyrinthine, and their informal livelihoods excluded them. Family support? Unyielding. Poverty had carved lacklustre and resignation into their souls; they spoke of ancestral curses, of systemic disparities and of heathen media displeased. Vaccines, they insisted, were "slow poi-

sons." Medicine, to them, was a language of betrayal, gamble and exploitation, not trust or absolute efficacy.

Rooted in deep-seated cultural narratives—where illness is spiritual before physical—and amplified by the father's authority in health choices, they declined. Financial paralysis felt more immediate than invisible threats. Their beliefs, coupled with acrid financial constraints, created an insurmountable barrier to the child's care.

Four weeks passed. The rains fell thicker and relentless, thus turning roads into little streams. When the child returned, his breaths were shallow, his skin tinged the ghostly blue of twilight. Pneumonia. A month old, and already his chest was filled with crackles — bibasal and crusty. We fought—oxygen, antibiotics, and pleaded to refer him to Delta State University Teaching Hospital, the nearest tertiary healthcare centre—but the parents refused. No follow-up had been possible after their initial discharge; our community health workers, overwhelmed, underpaid, underchannelled and under-resourced, couldn't trace them through flooded paths.

He was never immunised. The parents' hesitation was unrelenting to the very end.

The baby died in the night, his mother's Beninese lullabies merging with the town's hum of disorder and displacement. I could deduce the lullabies to a fair fault. They were Yoruboid songs of whatnots and what ifs. This loss was not just of a life but of curiosity, of what could have been a case study contributing to the bridging of research gaps and medical bibliography, had circumstances been different.

His dextrocardia situs solitus was a medical marvel, but his death was a mundane tragedy—a stitch in the fabric of inequity. The parents' resistance was not ignorance, but a survival reflex forged by a world where hospitals crumble, where promises of government-facilitated care dissolve like ice cubes in the sun. Their anti-vaccination stance was not mere superstition, but a symptom of systemic abandonment and collective apathy.

In my quiet but short-lived moments of reflection, I often think of that child—*a heart turned right in a world that wasn't ready to think right*. His brief existence serves as a poignant reminder of the challenges faced in delivering healthcare in regions where tradition, folly and modern medicine often collide.

This newborn's story is not a case report. It is a requiem. A reminder that anatomy's miracles mean little without the infrastructure to sustain them, that trust cannot be rushed like floodwaters through cracked earth. In the Niger Delta and the Sub Saharan at large, the fight for health is waged not only in clinics, but in the murky depths where squalor and myth coalesce. Until we bridge that divide, until we mend these fractures—through dialect-concordant counseling, empowering mothers in care decisions, subsidizing emergencies, and deploying community health armies for follow-up, hearts—mirrored or not—will keep breaking, one tempest at a time.

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