Bringing care back home

Growing up in Nigeria, Ayobami Olufadeji (’15) was aware even from an early age of the problems his country faced with access to health care.

“I came back from school one day, and people were crying in the compound where we lived,” he says. He asked his mother what had happened, and she told him that someone had died. When he asked why, she told him, “It’s because we don’t have a lot of doctors. Maybe one day you can be a doctor for us.” He has known ever since that he would eventually make it to medical school. He just didn’t know how he’d get there.

After completing high school, Olufadeji left Nigeria to attend the University of Maryland, Baltimore County, determined to make it to medical school after college. A few years later, he found himself in Hanover on the way to an admissions interview.

“One of the things I’ve learned is that the easiest way to make it through something is to have a good support system,” he says. And the interview process convinced him that “if I wanted to be supported, this was the place to be.”

That support system has turned out to be just as important as Olufadeji expected. He mentions a few faculty members who were particularly helpful, including Virginia Lyons, M.D., a professor of anatomy and the assistant dean of the first-year curriculum, and Kathleen Muldoon, Ph.D., who teaches the embryology section of the anatomy course. “School is hard, but if you have people to carry you through and support you, it makes it a heck of a lot easier,” he says.

Olufadeji still has a long way to go before reaching his goal of improving health care in Nigeria, but he says that what matters is that he makes it in the end, however long and winding the path might be. “I’m always open to change as long as I understand what the final goal is,” he says. “This is what I want to do for the next 20, 30, 40 years. How I get there is flexible.”  

Amos Esty

CLINICAL OBSERVATION

Laurie Latchaw, M.D.
Associate Professor of Surgery and of Pediatrics
Latchaw is section chief of pediatric surgery at Dartmouth-Hitchcock’s Norris Cotton Cancer Center. Her clinical interests are neonatal surgery, thyroid surgery, and childhood solid-tumor surgery. She joined the faculty at Geisel in 1999.

What made you decide to become a physician?
When I was nine to ten years old I read a series of books about a nurse, Cherry Ames. Cherry Ames and Nancy Drew were big back then. It soon became clear to me that the male doctors in the books had the best job, so when asked I started telling people that I wanted to be a doctor. Most people just smiled and said, “No, you want to be a nurse!” There were very few female physicians at that time. My grandfather, who was a large-animal veterinarian, and my parents always told me I could be anything I set my mind to, and they were right.

How did you become interested in pediatric surgery?
I decided on pediatric surgery because I loved general surgery but felt I needed a specialty. The mid to late 1970’s were when surgical specialties really became popular. Of all the possible specialties, pediatric surgery seemed the best fit for me. I was naive enough to think it was general surgery just on children. The year I applied there were only 15 pediatric residency positions available in the U.S. and Canada. Luckily, I matched at Montreal Children’s Hospital.

What’s your favorite nonwork activity?
My favorite nonwork activity presently is birding, or bird-watching as some people call it. I am new to the activity so am still learning a lot about birds, birdsongs, and how to identify them. I have also started wildflower identification. It is a natural combination—and no weeding required.

Who was your medical mentor?
I grew up in a small farm town in Illinois and during high school worked in the lab of our only medical clinic. Dr. Joe was a surgeon and general practitioner who founded the clinic with his father and brother. I had known him my whole life and loved him. When he found out I was interested in medicine, he became my mentor and made sure I saw all of the interesting cases presenting to the clinic.

What about you would surprise most people?
That I love fast sports cars, especially convertibles. There is a race called the Gumball 3000 every year in Europe that I wish I could drive in.

What advice would you offer to someone contemplating going into your field?
First, love being a surgeon. Be prepared to make sacrifices. It is impossible no matter what anyone tries to tell you to be a surgeon and have a “normal” home life. Both are demanding and time-consuming commitments; each will have to give way to the other frequently. Balancing the two will be your greatest challenge.