

Andrew Dent Scholarship Report

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Last December, I undertook a four-week placement at Vila Central Hospital in Port Vila, Vanuatu. I learnt an incredible amount from the experience, and am truly grateful for the Andrew Dent Scholarship I received which provide part financial support for my placement.

Vanuatu is a small island nation in the South Pacific Ocean with a population of around 253,000 people. The Republic of Vanuatu was established only in 1980, when independence was achieved after 70 years as a British-French colony. Although tourism (especially from Australia) is a large component of the economy, the majority of NiVans are employed in agriculture, and live in rural and remote communities.

Vanuatu's healthcare system relies heavily on foreign aid, both in terms of funding (including \$41.5 million budgeted for 2010 – 2018 from Australia) and resources (donations of equipment and medicines, and visiting specialists from overseas). However it remains terribly under-resourced. As doctors have to be trained overseas, they are only found in the two public hospitals, while other healthcare outposts are managed mostly by nurses.

I was placed at Vila Central Hospital, the major referral hospital for all of Vanuatu, where I had the opportunity to experience the work done in almost all of the departments, spending the most time in General Medicine, Surgery and the Emergency Department. The staff were very welcoming and willing to teach, and guided me through a hospital system completely different to home. The patients were also very happy to let me interview and examine them, despite my terrible attempts at Bislama.

As there are no specialties, 'general medicine' really means 'not surgery'. On the General Medical ward, I learnt to really appreciate the process of forming differential diagnoses based purely on clinical findings, by focusing on my history and examination and trusting my clinical judgment. There is a very small range of blood tests available, and the results are read 'with a grain of salt'. The only imaging modalities are ultrasound and X-ray, and there is no radiologist to write a report. I was asked on my first day for my approach to a patient with headache and a number of neurological signs. When I came to investigations, I automatically suggested bloods, a lumbar puncture and a CT scan. The lumbar puncture was out because of possible raised intracranial pressure. There are no CT scans in Vanuatu. So we were left with some (possibly inaccurate) bloods, which were unremarkable. My consultant told me that we would just try to cover everything – antibiotics, anti-tuberculosis treatment ("never forget this!") and dexamethasone. "Did we need to refer to anyone else?" I wondered to myself. As if reading my mind, my consultant said: "There's no chemotherapy, radiotherapy or neurosurgery in Vanuatu." I have never felt more grateful for the medical care we receive at home.

In the Emergency Department, I was taught mostly by the highly skilled nurses who run the service. They would get me to take history and perform examination, present to them, and then we would order investigations (as long as it was within normal business hours). Patients were then triaged into those who could go home, those who needed an outpatients review at a later date, and those requiring immediate review by a doctor with possible admission. The presentations in the ED were quite different to those in metropolitan Melbourne. Accidental trauma was very common, especially after falls from coconut trees, leading to large lacerations requiring sutures or possible fractures needing assessment and investigation. Patients would often present with advanced medical problems, as they would delay coming to the hospital unless it was very serious. There were a number of cardiac arrests, usually from myocardial infarction or severe asthma.

Cases in the Surgical ward were mostly amputation (usually secondary to advanced medical disease) or trauma, but the surgeons needed to be true general surgeons who could respond to any condition, adult or paediatric. There are only two surgeons across all the public hospitals in Vanuatu; therefore they rely heavily on visiting surgeons from overseas, such as the paediatric surgeons from New Zealand who came during my four week placement to perform diaphragmatic hernia repairs.

What astounded me was despite such suboptimal circumstances, the Hospital remained a mostly cheerful place. The patients would smile and say hello, and the staff always laughed and shook your hand each morning. The other big difference was the presence of families. The wards and Emergency Department were usually packed with relatives who had come into town and who would sleep overnight on the floor to ensure that family members were not alone. It was unusual to see a patient without at least one person accompanying them. I would be interested to know whether this atmosphere had any significant effect on patients' emotional and physical well-being, but it was a noticeable difference to what I am used to in Australia.

My time at Vila Central Hospital was the most eye-opening rotations of my medical study thus far. I would like to thank all the doctors for their guidance, the patients for their willingness to engage with a foreign medical student in their second or third language of English, and all the other elective students for their friendship and for helping to make the trip unforgettable. I can't wait to go back, when I am further into my medical career, to assist this amazing country and its people in any way I can.



Trying some BBQ chicken from locals I met at the blue hole



Elective students with our hosts on a day trip to see the community health facilities



One of the medical doctors, Sale, and me on ward round



One of the many legs requiring stitches.