

# MEDICINE IN PARADISE

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As a final year medical student, I had the privilege of completing an international placement in Port Vila, the capital city of Vanuatu. This placement, from January seventh to February first, was situated at Vila Central Hospital – one of Vanuatu’s main hospitals. My main objectives whilst on this placement were to gain experience in an under-resourced health setting, to better understand the burden of chronic disease in these countries, to experience the cultural impact on practical medicine and illness behaviour, and finally to develop my communication skills in a non-English speaking country.

Vanuatu is small nation made up of around 80 islands. Port Vila is situated on Efate, one of the larger Islands, and has a population of around 70,000 people. Vila Central services not only the island of Efate, but also most of the surrounding islands, and receives the more difficult cases from further afield. Unsurprisingly, it’s a busy hospital that is always in need of more resources.



View over Vila

Vanuatu itself is stunningly beautiful, with deep blue water surrounded by luscious green jungle. Each morning whilst walking to the hospital past the local village, my fellow medical students and I were treated to a chorus of “hello’s!” from all the local kids, and the adults would wave at us passing by. This, in essence, captures the nature of the Vanuatu people (known as Ni-Vanuatu). They are friendly and welcoming, and always willing to help. This made our introduction to the hospital a very pleasant experience, especially important as it was our first time in a resource-poor setting where English wasn’t necessarily spoken by everyone!



Raru Waterfalls in Efate

During our time at Vila Central Hospital we rotated through four areas: Emergency, Internal Medicine, Paediatrics and Obstetrics and Gynaecology. We would attend the hospital during the week, and on weekends we would explore the island and the beautiful sites on offer.

Although a week in each area felt far too short, it was fascinating to see a range of medical specialties and how they were run. Emergency was a good introduction into what was and wasn’t available for patients. I was



Morning commute with Lucy, Claire and Erin  
(other UWA medical students)

surprised that there was such easy access to x-ray and ultrasound, but conversely there was no thermometer to be seen. We would see a wide array of patients, usually with presentations similar to that in Australia: chest pain, shortness of breath, gastrointestinal problems – each with a tropical flair to them. Chest pain might be related to having too much Kava the night before (a plant-based sedating drink popular with the Ni-Vanuatu), or the abdominal pain might be related to a hookworm infestation. Respiratory diseases such as asthma were the most common, especially as most homes used open fires for cooking. I was always impressed by the resourcefulness of the staff – from making spacers out of water bottles, or diligently washing all the oxygen masks to

save on costs. What became clear early on in our placement is that Vanuatu is lacking in primary care. With little to no General Practice Services, people tend to present to hospital only when they are very unwell, and often too late. It was a reminder of how important prevention is in health care.

After emergency, we spent a week on internal medicine. With a slightly slower pace, it was here that we were able to learn a little bit more of the local languages, and better understand the patient's cultures. Vanuatu has over 100 distinct dialects, however the three official languages are Bislama, French and English, with Bislama being the most commonly spoken. As this is a pidgin-English it wasn't too hard to pick up some of the basics of the language, which helped us build more rapport with the patients. Some favourite phrases included 'Pullem wind' (breathe in), "stik-em" (give an injection) and "sikman" (patient). Most often we found ourselves speaking a mix of Bislama, English and broken high-school French, but it seemed to work overall!



Hand washed oxygen masks



Tiny feet in the Special Care Nursery

The most memorable part of internal medicine was the medical staff teaching us how to build a diagnosis based on history and clinical signs. Although Vila Central did have a lot of the blood tests available, most of the staff have worked in places less supported and seemed to take pride in only ordering what was necessary, and only doing so to confirm a diagnosis. I think this experience truly improved my clinical exam skills and made me better appreciate how wasteful our approach to ordering tests in Australia can be. My experience on internal medicine also reminded me how privileged we are in Australia. More advanced medical investigations and treatments, such as CT scanners, echocardiograms, dialysis and some surgical specialties were absent, and it was difficult to see patients with potentially curable diseases instead go down the palliative pathway.

Our last two weeks were spent on paediatrics and obstetrics. Most of the paediatric work was centred in the Special Care Nursery (SCN), where babies as young as 28 weeks gestation



were inside incubators. The SCN was well set up, with equipment like CPAP and phototherapy available. For things that weren't available, ingenious substitutes were used – for example coconut oil to add calories to the expressed breast milk. With no refrigerators to store expressed breast milk, the mothers would live at the hospital, making sure that they were free to hand-express and feed their babies every few hours.

One of my favourite jobs on paediatrics was the baby checks. Each morning we would have to check the babies born the previous day to make sure they were well enough to go home. When reviewing these babies, you could see how strong the family units were in Vanuatu. Surrounding the mother would be parents, aunts, uncles, sisters etc. Each and any of these people would help hold, calm or change the baby – sometimes making it hard to tell who the mother was!

Right next to paediatrics was obstetrics. This unit was busy, with 10 or more births per day. The babies were usually delivered by either a midwife, or one of the junior doctors. I was extremely lucky on my week in obstetrics that I only saw positive cases, however perinatal and maternal mortality remains high in Vanuatu. Although the ward was well equipped for the straight forward cases, there were little facilities to manage major obstetric emergencies – such as rapid access to blood transfusion or continuous neonatal monitoring. Furthermore, women often choose to deliver at home in their villages and are too far from hospitals should something go wrong during this process. Even small additions, such as more Cardiotocography machines would make a huge difference to the outcome of the women and children in Vanuatu.

Overall, my time in Vanuatu was both enriching and eye-opening. I feel that I was truly able to understand how a hospital can run in a resource-poor setting, and I have an enormous appreciation for the beautiful and resilient people that make up Vanuatu. I hope to one day return as a qualified doctor so I can give back to the community that welcomed me so openly.

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Calculating heart rate during baby checks