

## Andrew Dent Student Scholarship Post-Elective Report

Port-Vila, Vanuatu, 2019 June-July

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In June 2019, I had the fantastic opportunity to undertake a 5 week medical elective in Vanuatu. Vanuatu is an archipelago in the South Pacific consisting of 82 volcanic islands; with 65 of these islands inhabited. It is a country with a population of 280,000; mostly locals (the Ni-Vanuatu) and expatriates. The Ni-Vanuatu people speak over 100 different local languages, however the local creole Bislama, French and English are all readily spoken. The capital and largest city of Vanuatu is Port Vila, on the island of Efate. The principal hospital that serves Port Vila and Vanuatu is the Vila Central Hospital and this is where I completed my elective. The Vila Central Hospital is a 200 bed hospital with 4 wards (surgical, medical, maternity and paediatrics), 2 theatres, a very busy outpatients department and an emergency department.



*The front of Vila Central Hospital, Port Vila, Vanuatu*

Before arriving in Vanuatu, I truly did not know what to expect; with regard to the hospital infrastructure, common and tropical presentations and just generally how things are run. It is safe to say that it was a far cry from how a principal hospital in Australia is run and it was rather confronting. This ranged from how hospital administration was run, emergency triage and how doctors were able to use the scant resources available to them. Here are just a few things that I saw that local doctors struggled with:

- The lack of primary care and general practice: There was only a single GP in all of Port Vila; furthermore, people living on the outer islands did not have access to primary care without

traveling to Efate. This meant that for basic and routine management of chronic conditions (HTN, cholesterol, diabetes, COPD), patients would have to travel to the main island and present to an outpatient clinic run 3 times a week by the hospital's general medicine team.

- Patients presenting at very late stages of disease: I believe that there are multiple factors as to why I saw a lot of late presentations of diseases. Firstly, the lack of primary care as stated earlier is possibly the biggest contributing factor. Secondly, logistical and cultural factors may hinder patients from presenting to the hospital in a timely manner. With Vanuatu spread over so many islands, it is very difficult for patients to travel from small barely inhabited islands to the hospital. According to one anaesthetist, multiple boat-loads of people die every year trying to travel to Efate by boat from the outer islands. Furthermore, the public healthcare system in Vanuatu leaves much to be desired. Patients pay per visit to the emergency department, as well as per ambulance retrieval; making cost also a limiting factor as to whether people present to the hospital in a timely fashion or not. Ni-Vanuatu people also utilise a lot of local bush medicine; with traditional herbs and remedies supplied by friends and family. For example, I saw a young boy come in with a large axillary abscess for incision and drainage; his mother had initially put on a paste made from local leaves and herbs. Another case was where a lady had stood on a nail and had not presented to the hospital until 4 weeks later; having tried a herbal poultice. The wound by that point had spread to the top of her foot, became infected and infested with maggots. Indeed these remedies may work for some patients, however for more severe presentations that require inpatient treatment, bush medicine can result in a delayed presentation to hospital.

- Resourcing and supplies: A small hospital in a developing country would of course have resourcing issues. During my placement, there were times where the entire hospital ran out of morphine and lignocaine, and the emergency consultant would have to leave the department during a busy shift and go to the port to receive the next shipment. Furthermore, the hospital has been using the same orders of volatile gases from many years ago; leading to the anaesthetists continuing to use



e My 400 donated tourniquets

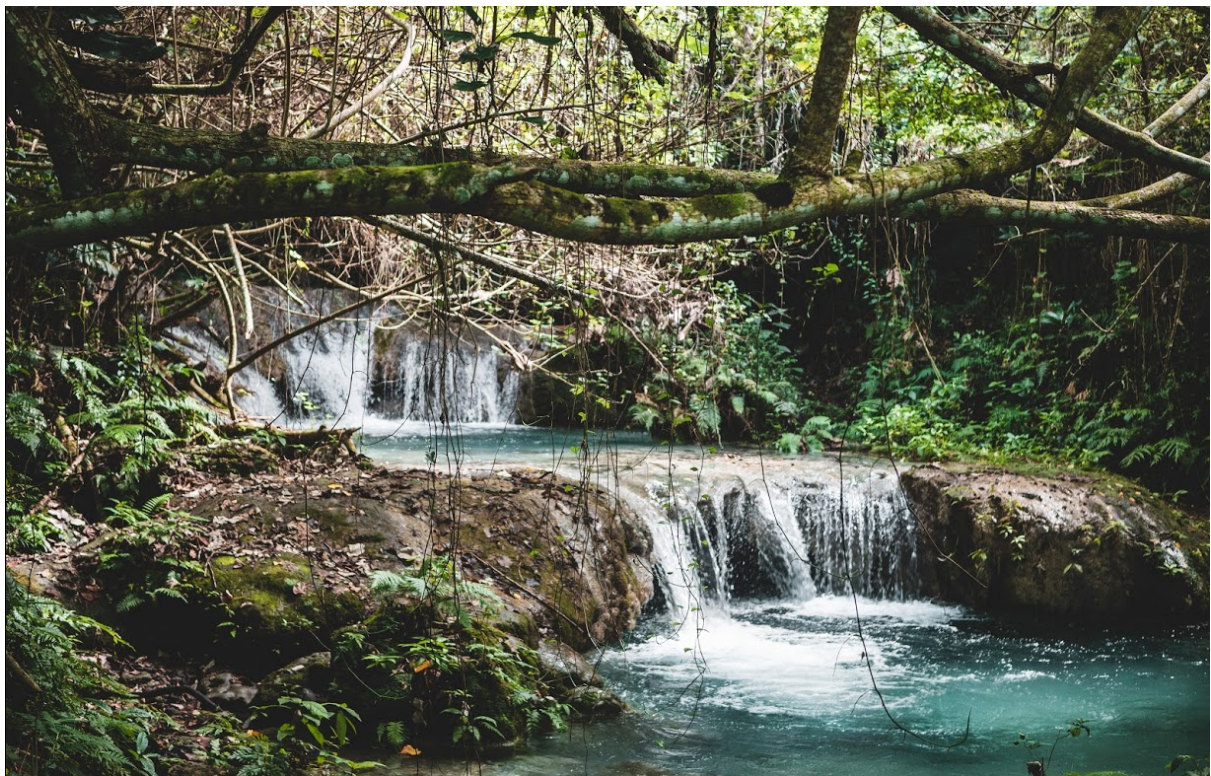


*An old anaesthetic machine in the Vila Central Hospital operating theatre donated by Japan*



, despite newer and safer agents such as sevoflurane or desflurane. This meant that bigeminy and trigeminy during surgeries were common and may impact patient outcomes. Infrastructure and equipment were also issues that I came across during my time in Vanuatu. The extent of medical imaging was x-ray; with the closest CT machine in New Caledonia. This meant exploratory laparotomies were common and diagnoses were guarded.

Despite all these barriers to healthcare that the people of Vanuatu face, whether it be the healthcare workers or the patients; they continue to be some of the most hopeful, hospitable and happy people that I have met. The resilience that they show when faced with uncertainty and suffering is something to be admired. I saw a lady in the emergency department who presented with an abscess on her toe which needed to be excised; despite the local anaesthetic, she could still feel the whole procedure and was very distressed and actually fainted. When it was finally over, she was so grateful towards the doctor and thanked them profusely. This warmth encompassing my morning walk to the hospital; with locals always greeting me with a friendly “hello” or “morning”, to the healthcare workers in the hospital welcoming me and teaching me some rudimentary Bislama. The generosity that I have experienced here is something that I will never forget, especially since I gave so little in comparison. I am extremely grateful for the opportunities that the Andrew Dent Scholarship has afforded me in the Pacific Region, and I definitely will be back.



*The beautiful Mele Cascades*