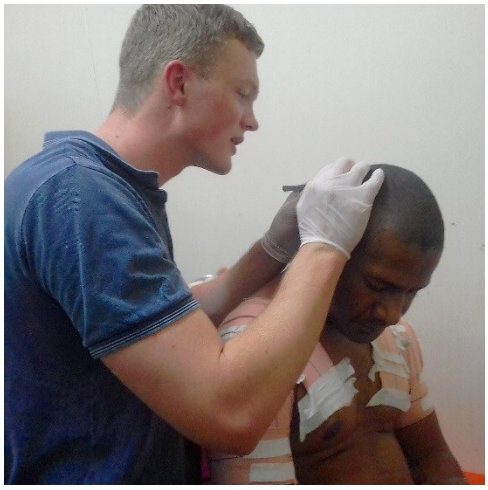
6 weeks in
Kavieng, Papua New Guinea

Welcome to the land of the unexpected. That's what the elderly man sitting next to me on the kerb of the Kavieng Airport carpark says. It turns out my hostel driver wasn't expecting the name Grace (my surname) to belong to the lone, slightly-out-of-place, white male waiting for his baggage to be trundled across the tarmac, so as he and the last few passenger-laden cars drive away from the one-room airport closing as the sunlight fades, I sit next to my new friend and wonder what to expect next from my 6 week medical elective in Kavieng, Papua New Guinea.

Fortunately, Kavieng, like most of the Pacific, is home to some of the friendliest people on Earth. Over my time there, passing someone in the street without receiving a smile or greeting was almost impossible and I was made to feel incredibly welcome by everybody I met. On that first Sunday evening, I was shepherded into a kind local's truck almost immediately and on many of my daily walks back home from the hospital cars would pull over to ask if I needed a lift. This kindness was no less apparent inside the hospital than out of it, with medical and nursing staff selflessly going out of their way to help teach and get me involved in everyday work so that I could get the most out of my experience.



Removing a lot of stitches

Kavieng is the capital of New Ireland Province, incorporating approximately 200 000 people across several islands to the north-east of the Papuan mainland. As the main referral centre for this region, the challenges in providing quality healthcare in the context of significant limitations in transport, funds, staff and general resources are massive. Taking paediatrics for example, the hospital provides 6 beds in a shared ward with the surgical patients. There is no paediatrician, with the team allocated to be led by one of the junior doctors available at the hospital. Readily available guidelines are scant and internet access is prohibitively expensive, with personal clinical reasoning and advice from more experienced senior colleagues much more influential. Practising medicine in these conditions requires an element of creativity and ingenuity that we are often able to go without in Australia.

Some of the daily struggles faced by the health workers and patients at Kavieng underscored to me how much we take for granted back home. Examples included:

- Stiflingly warm wards with broken fans and no privacy or mosquito protection for patients, many of whom had malaria
- Regular power outages
- Delays in starting theatre due to fears that the roof might collapse *again* under the rain
- Scrubbing up with the communal bar of soap
- Blunt instruments in theatre
- Bare feet in theatre for want of appropriate footwear
- Routine x-rays being unavailable due to full memory on the machine with nobody aware of how to free up space
- Learning that one patient had not had anything to eat over her 40hr labour and delivery
- A passive strike by doctors who had not had their contractual accommodation paid by the hospital to the point of eviction
- The need to petition a local mining company for funds to send a little girl with cardiomyopathy to Port Moresby for an ECHO because the hospital could not afford it
- Illiteracy and not knowing years of age

It would be nice if giving more money to the hospital could solve these issues but unfortunately aid does not tend to work like that. I remember having a conversation with the anaesthetic officer about the differences between the cannulas they used and the ones I was used to back in Australia – they had actually received a large donation of these cannulas from Australia, but with no bungs. As such, they were useless. This story captured for me the importance of bottom-up accountability in aid, seeking to first find out what is needed and will be effective as opposed to top-down decisions devoid of feedback on the ground.

With Christine and her baby - my first delivery

As a clinically naïve medical student I found much of the medicine at Kavieng fascinating. The first patient I saw on day one was a boy who had been speared through the abdomen by a rogue flying fish. The second, attacked with a machete for sleeping with another man's wife. Unfortunately, this seemed to be a common presentation. Having not yet done any O&G in Australia, the four deliveries I performed (with help) was great experience and running rapid diagnostic tests for malaria on almost all the feverish children presenting at Paediatric Outpatients was something I won't be doing again for a while. Becoming more comfortable in the management of tuberculosis, leprosy and yaws was also unique and something I would not have had the chance to do otherwise.

The highlight of my time was a trip down the west coast of New Ireland to one of the doctors' villages. His cousin had been murdered the week previously and he had invited me to the burial to meet his family and experience remote village life. I was the first foreigner to have visited the village in 15 years and was treated with corresponding curiosity appropriately; never allowed to be either alone or hungry. Despite my resistance, I left the village laden with my bodyweight in gifts of yam, watermelon, coconut, pineapple and sugarcane and had a valuable *shel mani* necklace bestowed upon me. I was told this made me part of the family and was instructed to send photos of me wearing it on my graduation. To receive so much from people who have so little is incredibly humbling and this reflects much of how I feel about my entire experience at Kavieng. I gave little, got so much in return, and am sincerely grateful to everyone who helped me while I was there including St Vincent's Andrew Dent Scholarship for enabling me to take this trip. I will be back in the Pacific.

In a hurry to catch some flying fox