

Fa'a Samoa

We had the afternoon off. The sun was still high in the sky, no rain clouds in sight. Our thoughts turned to the Piula cave pool, located underneath the historic theological college of the same name. Great for an afternoon adventure, and only a 30 minute drive away. We rang the five digit number that put us through to a local taxi stand.

The driver greeted us with a cheerful "Malo!" and four of us piled into the car and named our destination. We settled the price, we settled the plan: we would spend two hours at the cave pool, and he graciously would wait for us while we enjoyed the summer sun.

On the drive there, we discovered that our taxi driver was a matai, or chief, of his village. The taxi gig was his day job. His family owned Palolo Deep Marine Reserve, one of Samoa's top places to snorkel. His brother was a Sergeant-major in the US marines. And, as we would later find, his uncle owned a shop next to Piula Theological College. We arrived and scrambled out of the car, ready to embrace a relaxing afternoon.

The cave pool was initially an enigma to us. It was a beautiful water body filled with fish, refreshing cold water and locals enjoying the clear sky; in the cave behind, one could swim just a few strokes and get eaten by the surrounding darkness. Turn away from the cave, and your eyes were met with the wide open ocean. How did this structure form? Where did the fresh water come from, so close to the sea? Where did the cave lead to?

The local Samoan boys were oblivious to these questions. They were too busy climbing up above the cave mouth. Unfortunately, or quite the point for some, there was only one way down - a dive into the fresh water of the Piula pool. To them, jumping off a cliff face was jumping into the pool. They were fearless.

Back at the taxi, our driver was also fearless, but in a different way. In our absence he strolled to his uncle's convenience store, where he found them having a party. Being family, he was welcomed in and given three longneck bottles of Vailima. Named after author Robert Louis Stevenson's hilltop estate, Vailima was Samoa's national beer. After finishing two, he generously held onto the last one and brought it back to present to us. For our consumption. We admired his kindness and said the customary "thanks we'll save it for later," but our driver insisted, "You *must* drink it now."

And so off we went, taxi driver...probably over the legal limit, the rest of us sharing swigs from a longneck like high school kids. Where else would a taxi driver give up his afternoon for a single job, and reward his passengers with a beer at the end of it?

The thing that sticks in our memory most is the way of life of the Samoan people. Fa'a Samoa. That afternoon embodies many of the qualities of Fa'a Samoa. From their easy-going but adventurous nature, to their cheeky and generous spirit, to that ever-present deference to traditional tribal rule, the Samoan people are like no other. It is the people you meet in your travels that make the experience. And there's no experience like the Samoan experience.

To give some context to our praise, we should give a little background. As medical students moving into our final year of medicine, we were looking to experience a different system of health care. It was one of the reasons why we decided on an elective placement in Samoa. Our background was

typical medical student. As children of immigrant families, born and bred in Australia, we went to well-to-do high schools and got great marks on graduation. We had an exceedingly short career in clinical medicine and only knew of Medicare and publically funded hospitals.

We expected that the biggest difference in Samoa would be their access to medical resources. Excited there was an opportunity to help, we, in conjunction with Victorian Student's Aid Program, travelled to Samoa with a handful of odds and ends – no more than 6 or 7 kg of our total luggage – to deliver proudly to Tupua Tamasese Meaole (TTM) Hospital, our home-to-be for five weeks. On the way over, we discussed with great anticipation how we might get to participate in hands on, grassroots medicine, literally; travelling to villages to perform health checks with our prized Littmann's stethoscopes, or improvise with isotonic coconut solution or coconut tree stretchers. How ridiculously naive we were.

You walk through the main entrance of TTM Hospital and the first thing you see is the overflow of patients from the Emergency/Outpatients department. Crammed on their wooden seats, patients pass the time waving their dried coconut leaf woven fans at each other. Nurses, dressed in traditional white tunics, smile at you as you wander into the ward. It's hard to hear yourself think. There's a large woman having an asthma attack in one corner, receiving high flow oxygen; another man on a mobile bed with his leg bandaged up; there are kids running around – legs riddled with shadows of past skin infections. The medication and equipment room is one of the only areas of respite you get from the hustle and bustle of the ward. As you enter, the noise outside dims with the slow closing of the door, and you are met with something much like a weekend handyman's toolshed. Walls lined with syringes, cannulae, dressings, Flagyl, catheters, plaster: - everything a doctor might need; stacked everywhere at once, bursting out at you. Where were the coconuts and stretchers? Where would our donations fit into this picture?

As we came to find out, TTM Hospital was a hospital full of contradictions. Well equipped in some areas, woefully deficient in others. Portable x-ray for use in theatre; but no full time qualified radiologist. Trays and trays of orthopaedic screws and plates but not enough clean scrubs, shoe covers or scrub caps. A new medical school graduating a fresh group of interns each year; but all hoping to go back to their homes in Australia, Canada, or the United States.

Yet, it all seemed to work. There were ward rounds, theatre lists and busy labour wards every day. With an overflowing emergency department and numerous staff, patient throughput was high. Volume was good. And the hospital staff treated elective students as part of the team, even though they knew we were only around for a few weeks. We were given the responsibility of taking bloods and inserting cannulae for all the patients of the entire surgical ward. We became part of the system. And as we were adopted into the Samoan healthcare system, we gradually adopted the Samoan way of life. We saw how integral it was to the healthcare system, and also how Fa'a Samoa created unique problems not seen in Australia.

For example, in Samoa there is a way to thinking which Westerners, or 'palagi', call "Samoa time," where time is more an estimation rather than a calculation and where things happen...when they happen. Much like how the matai waited for us to come back from the pool – there is no value placed in punctuality or meeting deadlines. The matai seemed entirely prepared for us to be late; I doubt he would have minded.

Samoa time impacted on patient care too. During our five week stay, we had the great opportunity to work with the Samoa Cancer Society. We were tasked with presenting seminars for nurses working in major and community hospitals, and through these talks we came to understand many of the issues these nurses faced in the treatment of cancer in Samoa. Because of the lack of adequate treatment options on the islands, cancer patients requiring chemotherapy and radiotherapy often needed referral to New Zealand. When combined with the bureaucratic nightmare of government funding, applications for visas, and arranging air tickets for patients and family, seeking treatment turned out to be quite a lengthy process. Meanwhile, the cancerous cells continued multiplying like weeds through the taro plantation. It already was a battle against time, but against Samoan time and its inherent inertia, the battle was formidable. We saw parents take their kid, with leukaemia, around the markets to buy clothes for New Zealand despite the kid being floridly sick and unable to fight infections. We heard stories about families patiently waiting for their government funding and visas to arrive in the mail, unaware of the need to proactively advocate their case. We experienced the bureaucratic inertia first hand, as our student visas had a two week processing time. We literally *watched* staff administrate our medical elective applications, shuffling our forms from the file to the photocopier to the stapler, then back to the photocopier again. Bureaucracy in Australia already moved at a snail's pace; to make the snail feel fast in Samoa took a concerted effort!

However, there are other cultural issues outside of 'Samoan time' that contribute to the unique challenges in Samoa's healthcare system. In particular, the other big issue of the Samoan people is how the great trust placed in traditional healers affects 'Western' medical care.

0500 Sunday 15th of January. Paediatrics Ward. An elderly Samoan couple walk down the corridor to the nurses' desk.

"We want our grandchild to come home," they demanded.

The child in question has just stabilised. He came in last night with severe shock because of his vomiting and diarrhoea and the gastroenteritis is just starting to get better now.

"You need to speak to a doctor about discharging your grandchild. There are no doctors on duty at the moment."

"We are taking him anyway," they reply, absconding.

1000 Monday 16th January. Emergency department.

"Get Dr Farah, this kid looks like he's on death's door."

Pale, limp, gasping for breath, the child with gastroenteritis has been brought in by his parents, against the wishes of the grandparents. He has cold peripheries, is unresponsive, and has green vomitus creeping out the edges of his mouth.

"They took him to the traditional healer, I don't know what happened," the mother says through tears.

A nurse stands by the child's side, taking his vital signs. The paediatric intern has trouble getting a cannula into the child's hand. The foot. No success. The scalp. That was where the cannula was yesterday.

"Bring me an interosseus."

The child is intubated by Dr Farah, and his chest moves up and down with each cycle of the ventilator. We wonder how long this can go on for.

0900 Tuesday 17th January. Ward Round with Dr Farah in the Intensive Care Unit.

“Baby, please wake up; just open your eyes.”

“He didn’t move last night, he doesn’t know I am here,” the mother says.

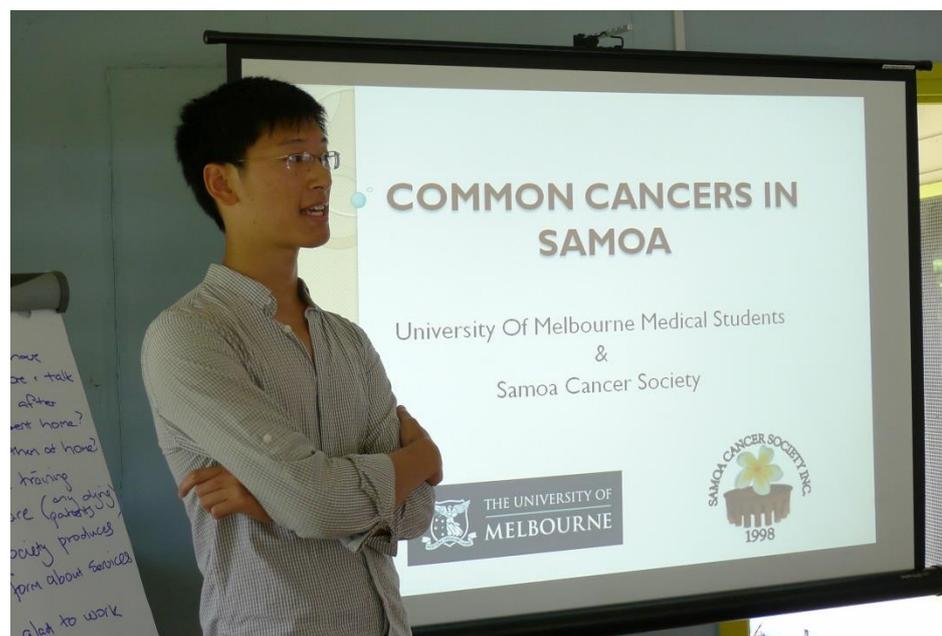
Dr Farah pulls us aside, “I had a dream about this kid last night; he was talking to me and smiling.”

“Does this happen often?”

“Too often.”

Traditional healers, having largely acquired their knowledge of medicinal plants and herbal remedies through age old customs of oral teaching, are still a large part of Samoan life. Much has been said about these healers and how persistent their existence has been since the introduction of ‘palagi’ medicine. One way to understand their enduring role is to understand the Samoan view of illness. Many Samoans feel that there are certain diseases unique to their people, which cannot be treated by ‘palagi’ medicine. Such illnesses often involve the influence of ‘aitu’, or Samoan spirits. Healers point out that Western medicine cannot treat many Samoan illnesses, because Western medicine does not acknowledge the existence of certain spiritual or phantasmal elements necessary to provide effective diagnosis and treatment. Western trained doctors, sometimes begrudgingly, accept that healers may have a role in patient care as they have a more holistic view of the patient and their wellbeing. However, issues arise when Samoan healers fail to reciprocate and fail to acknowledge that sometimes Western illnesses need Western trained doctors to diagnose and treat; as what happened in our aforementioned experience, where an illness with very low mortality in Australia led to disastrous consequences because of the blind faith in traditional healers and delay in vital treatment that occurred because of it.

While we chose to focus on the relative negative influences Fa’a Samoa plays on Samoan healthcare, there were great positives worth mentioning as well. For example, the family unit in Samoan culture was rock solid. When a Samoan woman marries, she moved into the house of her husband, and became part of that unit. Daily prayer time 6-7pm each day was spent with family. The ritual of the Sunday tona’i lunch feast after church was an opportunity for family to gather and show their solidarity. Most businesses in Samoa were family-run. As a Samoan, you were part of family, and family was part of you. In hospital, this translated to a superb family nurse at the bedside, ready to do the



laundry, deliver meals and assist with personal hygiene. On the converse, decisions about the patient in Australia were decisions about the family in Samoa. And this led to a need to frame ethical and confidentiality issues in a way worthy of an essay of its own.

Fa'a Samoa is a unique way of life. While hard to pin down exactly, it includes a society that is very unhurried and places great trust in tradition and customs; most of which centres around the family and tribal unit. If we, as an interested collection of people and organisations, are to go about improving the Samoan health system effectively and for the long term, there needs to be a specific approach that is tailored to the various concepts embodied by the phrase, Fa'a Samoa.

Post Script: Currently, the Samoa Cancer Society is a wonderful example of *directed* aid in Samoa. The executive committee comprises of local Samoan doctors and international volunteers who for various reasons have found themselves in Samoa. Through emails with the Rotary Club, we met Christine Goodman, a New Zealand expat and secretary of the Samoa Cancer Society. She invited us to present an educational seminar for local nurses, as part of the plan to teach the community about cancer and encourage prevention and early detection. If that was all that they did, it would have been an impressive achievement for the three-person full-time staff. However, we were lucky enough to witness another larger meeting organised by the Cancer Society in the lead up to World Cancer Day on the 4th of February. It was a national symposium on how to improve cancer in Samoa. Hospital representatives, Ministry of Health ambassadors and international experts on public health discussed “the way forward” with cancer in Samoa. Throughout the morning, many attendees threw ideas around.

Viali Lamenko, Internal Medicine consultant: “Where is the research? Where are the numbers? You can't ask me to promote awareness of cancer when we don't have the data.”

Stanley Dean, clinical dean at the Oceania University of Medicine: “We're treating patients, not numbers.”

Daryl Clarke, president of the Samoa Cancer Society: “This is a chance for us to discuss how we can allocate our budget and resources for cancer this year.”

Gerald Fitzgerald, Professor of Public Health: “You need a cancer plan. All this talk is great, but from my experience, to get things done you need a plan, with achievable goals and targets.”

There was an electric sense of expectation in the room. We were witnessing national health policy being laid out.

Perhaps when we return as qualified doctors, the Samoa Cancer Plan will be speeding ahead. Or in a fittingly Samoan way, perhaps the Plan will be pacing along 10km/h under the speed limit on the Cross Island Road with passengers riding in the open tray out the back.

Fa'a Samoa, the Samoan way.

Photo Captions: Jenny in surgery; Jenny and Richard with coconuts; Cancer Day symposium; Piula cave pool; Richard giving a talk about cancer in Samoa.



