Solomon Islands: The Land Before Time

Over the summer holidays, I undertook a medical elective placement in general surgery at the National Referral Hospital in Honiara, Solomon Islands with a fellow medical student. The aim of my elective was to understand how medicine is practised in a developing world setting, challenge myself medically and live outside of my comfort zone.

The first thing you notice about Solomon Islands is the heat. Searing air blasts you the moment you step out of the plane. Waiting on the baking tarmac to clear customs is an exercise in endurance. Throughout our 4-week stay in Solomon Islands, the temperature remained well over 40 degrees during the day dropping to a relatively balmy 30 degrees at night. Compounding the sweltering heat was the high level of humidity, which would hover around 90%. Every day, dark clouds would rise up over the rugged peaks that overlook Honiara, teasing us with the hope of rain and a cool change, and yet every time they would dissipate without providing relief. Instead, every 5-minute walk outside would feel like a sauna, and I would arrive at my destination drenched in sweat. How foolish I must have seemed to the locals by changing my shirt 3 times on my first day in Honiara!

It is perhaps natural with the extreme heat that people in Solomon Islands are very laid-back and relaxed. As my neighbour Maurice explained, "You westerners live by the clock. If it's 10pm you think 'Ok, now time to sleep', then you wake up the next day with an alarm. In Solomon Islands, we like to talk at night. We talk all night long around the fire. When the eyes are getting sleepy, then we go to bed. We sleep until we feel like waking up, sometimes to lunchtime." Like most university students, I could relate to this way of life, which is known to the locals as "Solomon's Time" in which time is not measured by minutes on a clock but by the relationships between people. Conflicting obligations on one's time are satisfied hierarchically where familial concerns supersede work needs. Meetings and events would commonly start 2 hours after their scheduled time, and if people did not turn up, the locals would just shrug their shoulders and say, "maybe they had family issues, we will try again tomorrow".

However, this approach to life is very problematic for the operation of the hospital. There are only two operating theatres in the National Referral Hospital, and so precious theatre time is split between Obstetrics and Gynaecology, Orthopaedics and General Surgery. On my first theatre day in General Surgery, I arrived at the scheduled starting time to find an empty theatre. As I was waiting around in the surgical office, one of the surgeons came in and commented on how early I was. Apparently the hospital also ran on "Solomon's Time", and the nurses and anaesthetists didn't turn up to work until 9am at the earliest. Compounding the problem was the fact that since the medical teams were so small, each member was vital and so no operations could begin until everyone had arrived. Typically, operations would not start until 10am! Additionally, as lunch was a very sedate affair and most people left work at 4pm so that they could get home before sunset, this did not leave much time for the actual operations. In fact, each theatre would typically only get through 3 or 4

operations on the list for that day. This would lead to cancellations and delayed treatment. The effects of this are twofold: firstly, most operations would be done as emergencies as the elective operations got cancelled. However this would also lead to deterioration of the condition of the elective patients, who would be continually cancelled until they were also deemed emergency cases. Secondly, the continual cancellations would be very frustrating for patients, leading to high absconding rates. Many of the patients came from the other provinces and had to undertake an expensive boat trip to the hospital. While in hospital, they would also be unable to work. These costs of healthcare meant that many would not present to hospital until extremely late in their disease.

In developing countries, general surgeons do indeed have to be general in their scope of practise. While attached to the general surgery team, I was able to assist in a wide array of procedures ranging from pyloromyotomies to open prostatectomies. The most memorable operation I saw involved an 18 month old boy with untreated Tetralogy of Fallot who had right sided weakness. A brain abscess was suspected to be the cause of his symptoms however there was no CT available to confirm on imaging. Instead, the team creatively used an ultrasound through the anterior fontanelle to confirm the lesion. The patient was prepared for theatre and a burr hole was made in the skull to drain the abscess. A total of 250mL was drained and the change in the size of the brain was greatly evident. During the operation, the boy's oxygen saturation dropped to around 50% and I, along with the rest of the surgical team, had to step back as the anaesthetist resuscitated the patient. We waited for an excruciatingly long 30min before the boy stabilised and we could complete the procedure. I was amazed at tenacity of the anaesthetist and the boy in hanging onto life. Unfortunately, as cardiac surgery is not possible in Solomon Islands, his prognosis remains poor.

A typical non-operative day would start at 8am with a team meeting discussing current inpatients and operations of the previous day. There are 3 surgeons, 2 registrars and 1 resident in the Department of General Surgery at National Referral Hospital, looking after 50 surgical beds. Each surgeon had 16 or 17 patients assigned to him, whom he would visit during the morning ward round. After ward round, the surgeons would then see the outpatients. As there were no separate consultation rooms, these would literally be "corridor consults". Interestingly, each patient had their own exercise book, which would act as their health record that they kept themselves. To "book" an outpatient appointment, the patients would just place their book on the top of the pile of health record books. The surgeons would then go through this pile of books, handing them back to the patient at the end of the consult.

Although my elective buddy and I had planned on a rather studious elective spent in either the surgical ward or theatres, our honourable intentions were waylaid by another Australian elective student who invited us to accompany her to an island resort on the weekend. Reclining in the crystal clear waters of our private island with colourful fish swimming around us, I began to realise why Solomon Islands was such a popular elective destination. "You do realise that this is what most students do on elective right?" our newfound friend quipped. Indeed due to its lack of commercial tourism, Solomon Islands remains a pristine

idyllic paradise. Solomon Islands is also renowned for the amazing scuba diving. I would have to say that the corals and aquatic life around the Western Province islands put The Great Barrier Reef to shame. Furthermore, there are over 60 intact World War II shipwrecks in the bay off Honiara to explore.

Solomon Islands as a nation is a very recent creation, originating with their amalgamation under the British Protectorate only in the early 20th century. For tens of thousands of year prior to this, Solomon Islanders lived along tribal lines which each clan having their own distinct language. Those who shared a language were known as a "wantok" (= one talk) and would work together under the influence of a "big man" or chief. Members of a wantok could expect help from the big man and other members, but in return were expected to give tribute and gifts to the big man. The wantok system permeates Solomon Islander life today, and the obligations that a person has to their wantoks supersedes their secular obligations. This is problematic for people in positions of power as their tribal obligations means that they can not refuse requests of assistance from their wantoks. This leads to the awarding of government contracts or positions in a manner that would seem like nepotism or corruption to outsiders.

The wantok system does however also create a social safety net for people. While the GDP per capita in Solomon Islands is only $1000, and most people live on subsistence farming and fishing, there are no signs of poverty on the streets. This is because anyone in need can request his or her wantoks for assistance, which due to their tribal bonds, can not be refused. As land can not be bought or sold and remains the ancestral property of the clan, this ensures that everyone has a roof over their heads and food to eat. Even though I knew I was in a developing country, I was oblivious to the lack of poverty in Solomon Islands until Maurice pointed out to me "in Solomon Islands, there are no beggars".

While I thought it was fantastic that the wantok system meant that communities were so tightly knit and willing to help each other out, my scuba diving guide pointed out a darker side to the wantok system. Though it was good to have a strong support from each member of your clan, there was an expectation placed upon the more successful members of the clan to share their good fortune with the rest of the clan. Thus there is little incentive for anyone to work harder than is necessary to retain their jobs, as anything extra earned is claimed by the wantok. It was very frustrating for him as all the money he earned working had to be distributed amongst the rest of the clan, and he was unable to save money to one day set up his own commercial enterprise.

Despite these disincentives, individual enterprises and entrepreneurship thrive in Honiara. The minibuses that make up Honiara's "bus" system are all privately owned and operated. Fortunately, all these buses take the same route by stopping at the major landmarks up and down the main road, and charge the same flat fare of 3 dollars. The end result is a fiscal conservative's dream: a market solution for a "public" transportation system. Popping up next to many of the bus stops are kerbside barbequed chicken and fish stalls. Colloquially known as "fence chicken", these shops would serve meals from the other side of an iron-wrought fence, which would surround a compound of several stalls. As most of

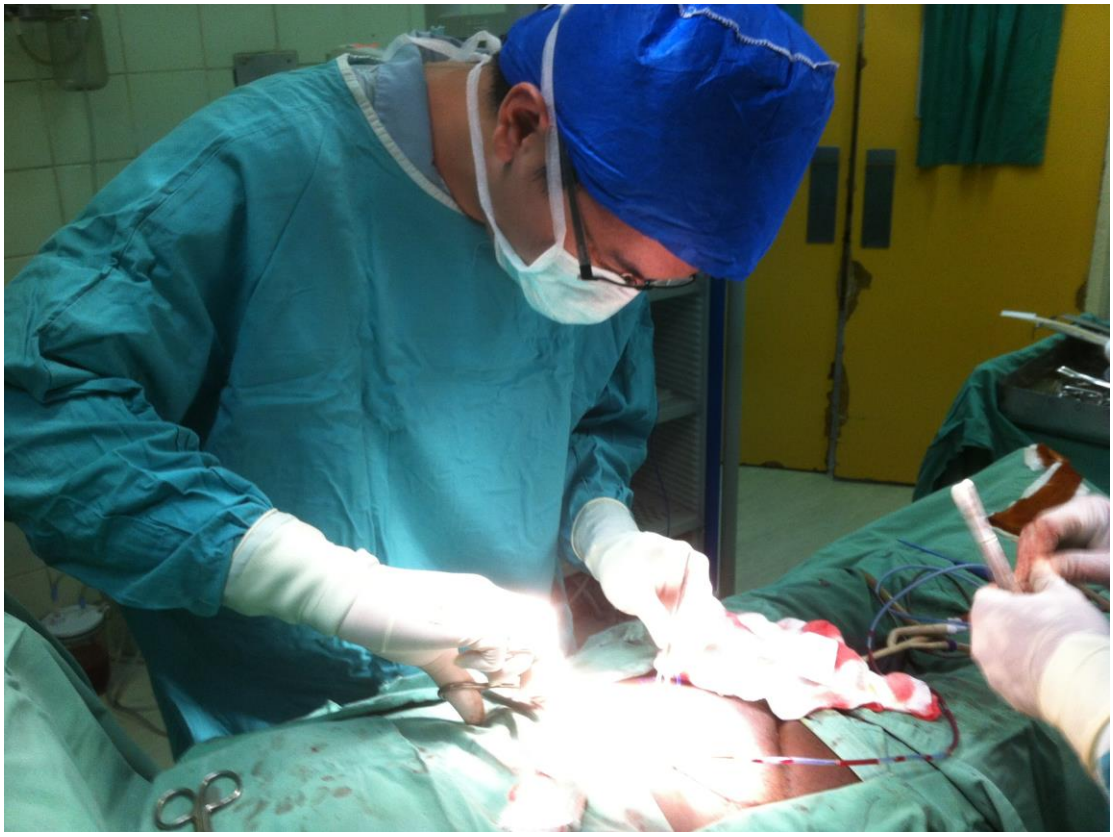
their business was conducted during the evening, the fence was a necessary security measure due to the high levels of drunken violence at night. Alcohol consumption is a problem in Solomon Islands, and we were warned by many locals not to walk the streets at night. It was not uncommon to find victims of machete attacks in the surgical wards. Greater impediments to my experience of Honiaran nightlife however were the mosquitoes. In a scene reminiscent of "I am Legend", every day I would rush home from the hospital and quickly wash myself with water scooped from the rainwater tank before the setting of the sun heralded the wakening of the mosquito hordes.

Australia is a major aid donor to Solomon Islands, providing around half of the government's budget. In addition to this financial assistance, there are many volunteer expatriates in Solomon Islands working through AusAID and non-government organisations. These volunteers work not only in the schools and hospitals but also in government, setting up Solomon Islands' nascent legal and financial system. I was fortunate enough to be in Honiara during International Volunteer's Day, where all the Australian volunteers in Honiara came down to the hospital to paint the walls of the children's ward to promote hand hygiene. It was incredible just to talk to these volunteers about their experiences in education and training of the local people, not just in Solomon Islands but also around the world. Their philosophy was that if they did their job properly, there wouldn't have to be another volunteer to replace them at the end of their term because the local community would have become self-sufficient in those skills.

It is this approach to development aid that I feel is most beneficial for the community, and I feel indeed fortunate that I was able to also contribute in a small but similar way. Record keeping at National Referral Hospital is all done on paper, which causes problems with organising, storing and retrieving patient information. In order to combat this and create an easier way to undertake clinical audits to monitor performance, the Head of Surgery, Dr Dudley Baerodo, had been trying to set up an electronic database. When he heard that I had some programming experience, he asked me to help him with his project. By demonstrating to him how different parts of the programs he was already using could be used more effectively together, I was able to assist him in creating a streamlined process to analyse surgical performance.

I have thoroughly enjoyed my time spent in Solomon Islands, and learnt much about its people and the challenges they face in obtaining good healthcare. I definitely intend to return in the future to assist as best I can with the development of the Solomon Islander community and hope that one day I too will become a redundant volunteer. I would like to thank the St Vincent's Hospital Pacific Fund for awarding me an Andrew Dent Scholarship to enable me to undertake this unforgettable trip.

Charles (Left) with General Surgery team of National Referral Hospital



Charles assisting with an operation

Charles diving the Hellcat, an American fighter plane shot down in WWII

Hand hygiene messages painted onto the wall of the children's ward by AusAID volunteers for International Volunteers' Day