

Andrew Dent Student Elective Scholarship

Elective Report

Brendan Kite, Vanuatu, October 2016

Background

In October 2016 I undertook a six-week medical elective at Vila Central Hospital in Port Vila, the capital of Vanuatu. Vanuatu is a small island nation of approximately 250,000 people distributed vastly over 80 islands. Vanuatu is a travellers' paradise and is home to one of the happiest local populations in the world, however despite its idyllic outward appearance Vanuatu struggles with poverty and an under-resourced health system. Vanuatu's per-capita health expenditure is a mere 2% of that of Australia and Vanuatu ranks 134 out of 188 countries on the United Nations Human Development Index¹. Vanuatu has been further stressed by the 2015 Tropical Cyclone Pam which devastated infrastructure and the health of the local population. Vila Central Hospital is the primary referring hospital for Vanuatu. It has 200 beds, two theatres, basic radiology and pathology services, and a nurse run emergency department. The inpatient teams include surgical, medical, obstetrics and gynaecology, paediatrics, and mental health. The hospital also regularly hosts visiting specialists.

My Elective Experience

I spent the first four weeks of my elective with the Surgical team followed by two weeks with the Medical team. I also had the opportunity to partake in a number of outreach diabetes screening clinics. The teams were very welcoming and the doctors were keen to teach and incorporate me into clinical activities.

With the Surgical team I participated in ward rounds, assisted in theatre, and attended outpatients clinics. The surgeons are general surgeons in the truest sense and on any one day they may undertake operations as diverse as thyroidectomies, paediatric bowel surgery, internal fixation of fractures, and abscesses drainage. I was so impressed by the broad skills of the surgeons and their ability to improvise when equipment was lacking. I enjoyed assisting in theatre and I was able to help the team run two theatre lists when they would otherwise have been short staffed. Working in theatre was a highlight however my time on the wards and in the outpatients clinics was the most fascinating and confronting. I was shocked by the degree of untreated illness and advanced complications seen upon presentation to the hospital. For instance I encountered young women with advanced and incurable breast cancer, sepsis secondary to infected wounds, and displaced fractures that had gone untreated for months. It was saddening because these patients would have experienced good outcomes had they been able to present earlier. Every day on the ward I encountered presentations and clinical signs that are only found in textbooks in Australia such as elephantitis, gangrene, and cystic hygromas. Seeing these rare cases and advanced complications was invaluable for my own learning as it gave me a true appreciation of the power of public health and the reason for our early and aggressive intervention.

¹ <http://hdr.undp.org/en/countries/profiles/VUT>



Surgical team: Dr Neill, Dr Albert, Dr Ricky, myself, Dr Vega and Dr Sam

Diabetes Screening Clinic team: myself, Dr David Causey, Nelly, Esa



The eye-opening clinical experiences continued with the medical team. I was seeking to gain more experience with communicable diseases and I certainly saw the local prevalence of conditions such as tuberculosis and rheumatic heart disease. However I was not prepared for the pervasiveness of non-communicable disease. For instance the estimated adult prevalence of diabetes is 14% however there is a significant unmeasured burden of undiagnosed diabetes and those who do present to the hospital often do so with advanced untreated complications. It was heart breaking to see relatively young patients in renal failure secondary to diabetes but with no availability of dialysis. I was fortunate to be involved in a number of diabetes outreach screening clinics in which we screened for hyperglycaemia and hypertension and gave preventative health advice to the local population. This was a very positive experience as it was an opportunity to target diabetes at its root and to engage people in primary health care.

My wonderful experiences in Vanuatu were not limited to the clinical setting. I had the opportunity to meet the most friendly, open, and happy people and get to know the local culture and customs. I enjoyed picking up the local Bislama language and I still find myself accidentally dropping phrases such as “tank u tumas” (thank you very much) and “sik suga” (diabetes) into conversation. Vanuatu is a beautiful nation and it was a luxury to be able to spend my free time snorkelling on the reefs, visiting beautiful beaches and enjoying the local fresh fruit and produce. I was fortunate to share these experiences with a wonderful group of other students from Scotland, Ireland and Australia.



Fellow students at Eton Beach: myself, Louise, Jess, Ashlee, Lois, Phillip, Robert

Reflections

My time in Vanuatu was eye-opening and the people that I met and clinical experiences that I encountered will stay with me for life. However my biggest learning was not clinical but rather concerned the value of public health, access to primary care, and the importance of workforce support.

So many of the diseases that I encountered in Vanuatu are either rarely seen in Australia or are treated much earlier and do not progress to the same degree of complications. I believe that this is largely thanks to our strong and well-coordinated public health campaigns to reduce disease risk factors, screen for disease, and prompt early medical care. In Vanuatu there are no screening campaigns (such as breast and cervical cancer screening) and health literacy is poor. In Australia we have a comprehensive and accessible primary healthcare network whereas in Vanuatu GPs are rare and the tyranny of distance makes it impracticable for many to attend hospital. We also invest heavily in the staffing of our hospitals and ongoing professional development. In Vanuatu healthcare worker wages are poor and professional development opportunities are limited which leads to burnout and staff turnover. There is certainly work being done to address these issues however there is a long way to go. I would relish the opportunity to utilise my newly formed connections with Vanuatu to return in the future and assist with much needed public health and primary care interventions.

I wish to express my sincere gratitude to the Andrew Dent Student Elective Scholarship for making this experience possible.