

Andrew Dent Scholarship

Medical Elective Report

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I recently spent four weeks undertaking a medical elective at Kompiam Rural Hospital, a medical centre situated in Enga province of the northern Highlands of Papua New Guinea (PNG). This remarkable experience was shared with another medical student from the University of Melbourne. We departed Australia with little notion of what our time in PNG would hold, and we have returned with a vast collection of experiences that have influenced us both personally and professionally.

Kompiam Hospital

Dr. David Mills and his staff run an extremely well functioning teaching hospital. It is situated in the verdant mountains of the Highlands and managed predominantly by local staff. Given the significant inter-tribal violence in the surrounding area, the hospital and housing exists in a fenced compound. There is an operating theatre and five wards: medical, surgical, paediatric, maternity and tuberculosis. A grassy airstrip is maintained close to the hospital enabling care provision in acute cases or those in which the mountainous landscape inhibits patient access.

The hospital services both the local community and the more remote peripheral tribes in the surrounding areas. The terrain is unforgiving and the health service works tirelessly to provide accessible healthcare. The thick jungle, coupled with the mountainous track greatly inhibits patients accessing timely healthcare. Thus to overcome this, the main hospital in Kompiam works in conjunction with its 10 nurse-run aid posts that are located more rurally. Patients were frequently referred to the central hospital from these rural posts, and hospital doctors would periodically patrol these areas.

The Medicine

We were completely integrated into the hospital environment and well challenged. Our elective encompassed a variety of clinical experiences, including triaging/admitting patients, assisting in surgeries, taking x-rays and developing films in a dark room, and cross matching bloods.

The surgical cases were incredibly diverse for the single operating surgeon. Though the equipment was not latest, the theatre was impressively established with almost all specialty surgeries catered for. During surgeries, family members could be heard anxiously awaiting their loved ones outside. They were nervous but ready to porter

their relatives on stretchers back to the wards through a short muddy path. During the evening cases, medical students assisted this process with the lifting or by lighting the way with flashlights so as not to slip in the mud and tumble with a sedated patient still in the stretcher!

The majority of surgical cases were bush knife related injuries, especially to the hands, legs and feet. A bush knife is shaped like a machete, with a myriad of uses that belie its simple structure. Its uses in the Highlands encompass chopping wood, peeling sweet potatoes, aiding bushmen as a single pronged stick during hikes, and may be used as a weapon particularly during tribal conflict and family violence. With daily presentations of bush knife injury, multiple times we assisted in late night washouts and tendon repairs. Such experience is near impossible to obtain on the same scale as a medical student in Australia. Our mantra became “early washout” and these cases were a fantastic opportunity to revise not only hand and foot anatomy first hand, but also basic surgical techniques.

Patients sought medical assistance relatively late into the course of their illness, presenting with markedly varied complaints. During our four-week period, presentations ranged from cough and simple constitutional symptoms, to undifferentiated abdominal swelling, lower limb paralysis and cranial nerve palsies. An astounding number of hospital beds were occupied with patients undergoing the DOTS regime for treatment of tuberculosis. If deemed infectious, they were isolated to the tuberculosis ward. Many of these patients appeared well but restless at the months of inpatient treatment which remained. For all patients, education was paramount to ensure adherence with medical therapy.

During the last week of our elective we set out on an eight hour hike to a small village, Lapalama, accompanying several hospital doctors on patrol to an aid post. Our treadmill fitness fell markedly short of the agility and endurance of the local bushmen who guided us through the Highland jungle. Patients flocked from surrounding tribes to seek advice for a myriad of issues. It was challenging to compare the relatively privileged Australian healthcare to the limited resources at these aid posts. Patients with severe chronic joint pain repetitively sought help at these sites, however pain control was limited to simple analgesia. Tropical diseases that are deemed essentially non-existent in most parts of the world, such as Yaws sores, were common. We experienced unique tropical diseases endemic only to the true remoteness of the PNG “deep forest”.

Reflections

Working in an environment such as that in Kompiam taught me much more than medicine. The role of a doctor encompassed patient care, but also the smooth functioning of the hospital community. The superintendent of the hospital, Dr. Mills

was not only the most senior medical doctor, but also a part-time mediator, plumber, electrician and builder. We became well versed in water tanks and pump systems. An unexpected advantage of our time was our new career as Ventilated Improved Pit (VIP) toilet installation specialists! We presented the latest recommendations at journal club meetings and assisted in selecting optimum site locations (usually with best air flow and prime jungle views).

I wish to express my gratitude for the support provided by St. Vincent's Andrew Dent scholarship. My time in PNG has strengthened my desire to pursue a pathway in international medicine that enables me to provide people with access to quality healthcare regardless of socioeconomic or geographical standing. Furthermore, it has also reinforced that the pathway in medicine can be variable and adventurous.



The Final Kilometre

Amai our incredibly strong guide. We are close to reaching Lapalama aid post. I am covered in mud from head-to-toe whereas, naturally, he is completely spotless.



Work at Lapalama Aid Post

Stephan (University of Melbourne medical student) washing and dressing Mary's Yaw sore with assistance from her brother Samuel.



VIP Toilet Installation

Dr Moide putting the final touches on the pit toilet at the staff housing in the Kompiam Hospital compound.



Top of the Line Transportation Service

Students (Stephan and Leon) transport a patient back to the wards, following surgical repair of a bush knife injury to the hand.