

Fiji Village Project – 2020: A personal reflection

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About

At the start of my third year of post-graduate medicine, I decided to join the Fiji Village Project, an ongoing initiative that aims to bring together Fijian, Australian and New Zealand healthcare students in the name of future global healthcare. The program runs for two weeks with half the time spent in hospital rotating between surgery, emergency, paediatrics and obstetrics and gynaecology while the rest of the time is spent in one village conducting healthcare screenings and health promotion campaigns.



Figure 1. Children in Matacaucau village

Clinical medicine in Fiji

The Colonial Memorial Hospital in Suva is the largest hospital in Fiji and as such receives majority of the country's complex cases. The doctors work round the clock to provide the absolute best care to all their people. Hospital resources are limited, and clinical judgement is exercised in its highest order. Help was greatly appreciated at every turn. Having done a year of clinical placement proved to be incredibly useful and whilst I came in thinking my skills would be of very little use, the team managed to use the few procedural skills I had picked up and were immensely appreciative of the few minutes I saved them throughout the day.

I was particularly fascinated by the relationship between consultants and their junior medical staff; there is a massive shortage of doctors in Fiji as such interns play a fundamental role in the day to day operation of hospital. They are highly valued and that was evident in the time that the more senior medical staff took in imparting their knowledge onto the up and coming doctors. When I asked one of the surgical consultants about their enthusiastic approach to the junior medical staff's further education, they responded - 'I feel a personal responsibility to ensure that every junior doctor is competent even with the limited resources we have here in Fiji ...we owe it to the Fijian people...'. Similarly, the relationship between nurses and doctors is one making a note of. The nurses were always present when their patients were being reviewed during ward rounds and were forthcoming with their advice re: their patient and their suggestions were often encouraged and incorporated into patient care plan.



Figure 2. Medication was often left out in the open throughout the hospital

A visit to Matacaucau Village in Fiji

Public health has always been a passion of mine thus I was particularly interested in this part of my placement. We were warmly welcomed into a village called *Matacaucau* by the village elders and (after several bowls of kava) we given permission to conduct health screenings on the residents of the village. Over a course of 4 days, we conducted health screenings for 23% of the



Figure 3. Dental extraction

village population. This included BMI calculations, blood pressure, random blood glucose levels, eye health check-ups and provided counselling specific to the individual. We made up posters for the community and conducted session for the children to educate them on beneficial health practices. The most successful and probably the most appreciated component of our campaign was the dental screening. Our dental team which consisted of a supervising dentist from the Fiji National University as well as some local, Australian and New Zealand dental students took on the responsibility of conducting dental checks and performing extractions and fillings where appropriate. Over 100 extractions were done over 3 days with the medical students acting as dental assistants. Interestingly, medical students in Fiji are expected to know how to perform dental extractions or at least have a solid knowledge of the process it entails.

Health challenges in Fiji

Currently, the non-communicable leading causes of morbidity and mortality in Fiji are ischaemic heart disease, diabetes and stroke. These conditions have a strong correlation with lifestyle choice. Eating out in Fiji is costly with the healthier options often being the most expensive item on the menu. Take-out food is at almost every corner and this has had a detrimental effect on the waistlines of the local population. The Pacific Islands make up the top 10 of the highest obesity rates in the world. Although, Fiji does not quite make this top 10, it still boasts a 30% rate in 2020. I think it is important to take into consideration that Fijians tend to have a tall, strong stature as evidence by their much-loved rugby team and although they may fall under a 'unhealthy BMI', some may in fact be fit and healthy regardless. Unfortunately, the reality is their rates of diabetes and its subsequent complications are alarmingly high. During my surgical placement, we had over 3 planned amputations in one day related to peripheral vascular disease. Amputations secondary to *diabetic foot sepsis* is just the bread and butter for general surgeons at the Colonial War Memorial hospital. Diabetes is a multifactorial disease that requires a multi-disciplinary approach. Late presentations, inadequate information and an obesogenic environment are only some of the reasons the country experiences high rates of obesity.

Being a middle-income country, Fiji is certainly more privileged than some of its lower income neighbours. In 2017, a specialised cardiac clinic overseen by highly trained New Zealand cardiologists opened its doors to the Fijian population. This has been a much-anticipated organisation given the current causes of morbidity in the country (i.e. macrovascular

complications of diabetes, hypertension and ischaemic heart disease). With more and more overseas trained Fijian medical practitioners returning home, the future of the Fijian medical field has an immense opportunity to thrive.

Final thoughts

Adaptation is the name of the game. I watched as doctors used gloves for tourniquets and midwives use physical manoeuvres in an emergency C-section because there was no salbutamol available to relax the uterus. In retrospect, I would have made more of an effort to bring in medical supplies with me. **Please note one CANNOT simply walk in and donate medical equipment to the public hospitals, but it would certainly be worth looking into legal ways of doing so.**

My recommendations for anyone planning to come to Fiji and do a medical placement would be: 1) your presence in the hospital is highly welcome and any knowledge of your procedural skills will be of outmost benefit. There will always be things that are slightly different given the difference is resource availability however if you have solid knowledge of your basic techniques, you will be able to adapt in every situation. 2) The teams are ready and willing to support your learning. 3) Keep an open mind and ask questions. Some of the doctors completed their trained in Australia and/or New Zealand so they have the unique perspective of both practising medicine in both a developing and developed nation. As such, when asked, they provide interesting ideas for the development of Fijian medicine.



Figure 4. Fijian, New Zealand and Australian participants with the chief of Matacaucau village