

In July and August 2019, I spent six weeks on elective at the Northern Provincial Hospital (NPH) on the beautiful island of Espiritu Santo (known locally as ‘Santo’), Vanuatu. NPH has close to 100 beds spread across medical, surgical, paediatrics, and women’s health specialties, plus a small emergency department. Despite being the second-largest hospital in Vanuatu NPH is still a regional hospital, serving Vanuatu’s rural northern islands.



*Figure 1. Angus McCormack, Northern Provincial Hospital*

I hope to one day practice rural medicine, and my elective at NPH granted me the opportunity to learn from amazing doctors who rely on their clinical judgement and ingenuity instead of the full gamut of investigations and management options that we are accustomed to here in Australia. Investigations such as x-ray were not available, common blood tests and medications regularly ran out (depending on how often the hospital received a shipment of testing reagents or medications), and the standard management for a STEMI is strict bedrest and aspirin due to the expensive and limited supply of thrombolysis. Practicing medicine under these conditions is extraordinarily difficult and at times frustrating, but the inspiring doctors continue to provide the best possible treatment with the resources available to them, day-in, day-out. A standout was my supervisor, Dr Lawrence Boe, who hopes to be Vanuatu’s first ever remote and rural medicine specialist. He is a phenomenal physician, balancing an effortless ability to develop a patient rapport, with astounding thoroughness in clinical examination, and incredible clinical judgement, and I am extremely honoured to have worked alongside him. I was also lucky enough to work

with other fantastic visiting doctors, including Dr Stephan Raubenheimer, a South African rural generalist doctor, and Dr Jonathan Henry, a New Zealand Emergency Physician. Over the six weeks, they all taught me an incredible amount and allowed me plenty of hands-on experience practicing general and emergency medicine, and paediatrics, in a rural setting. Not only have I returned to Australia having learned a great deal, I have a much better perspective on what it means to practice medicine in a rural and resource-poor environment; specifically, limited care is often better than none, and sometimes you simply have to make do with the resources at your disposal.



*Figure 2. On a Canoe to Tangoa. From L-R: Our local tour guide Sam, Edward Kemp, Angus McCormack.*

The clinical highlight of my elective came on a quiet day in the emergency department. Another medical student and I were supervising the ED while the senior ED physician ran a training session with the local doctors. Mid-morning, a lifeless-looking elderly man was brought into the ambulance bay on the back of a ute, and we were told he had collapsed 25 minutes previously in his village, a significant distance out of



town. Our inexperienced team started resuscitating the man until more senior help could arrive, and after 15 minutes of CPR and two shocks from the defibrillator we eventually achieved return of spontaneous circulation. Unfortunately, due to such a long time between collapsing and CPR the man was brain-dead and the decision was made to palliate him on the ward. However, I am still extremely grateful to be part of this man's story, by allowing his family more time to be by his side as he passed away peacefully.



*Figure 3. ALS training with local doctors and nurses. From L-R: Tzania Kamali, Serena Eng, Dr Fer-Lene Ooi, Dr Angelline Phatu*

This experience also highlights an observation I noted throughout my elective, where many patients presented to hospital with common presentations we might see in Australia, but far later (and usually in a far worse condition), often due to their remote location and a lack of access to healthcare on their home island. For example, I assisted with the ambulance transfer of a woman, who had been brought across to Santo via boat from her home island with severe sepsis due a chronic diabetic foot ulcer, and had clearly been sick for several weeks. Another man I met on the medical ward presented to the emergency department twenty-six days after suffering a stroke, simply because he lived remotely, and his family could not get him to the hospital.

In Vanuatu, around 75% of the population live rurally, including on remote outer islands. Because of widespread health workforce shortages in these areas, residents often have limited or no access to doctors

whom traditionally practice at the larger referral hospitals. Consequently, there is a significant need for doctors with training in remote and rural medicine to fill these shortages, yet it is an extremely under-represented specialty. For this reason, I spent time assisting with a project being conducted by the Vanuatu Ministry of Health, in collaboration with not-for-profit organisation, Rocketship Pacific Ltd, whose members and volunteers improve health in Pacific island countries by building capacity and strengthening primary care. My role was to consult with local junior doctors to help identify those interested in remote and rural medicine and identify perceived or actual barriers to pursuing training in this field. I met dozens of young doctors committed to improving access to healthcare around their country, and we hope that results from this project will assist the Vanuatu government to make it easier for future trainees to pursue specialist remote and rural medicine training, and help fill the health workforce shortages on the outer islands.



*Figure 4. Presenting the hospital with a new projector. From L-R: Angus McCormack, Dr Angelline Phatu, Dr Robinson Atkin, Dr Lawrence Boe*

Finally, I would like to thank the St. Vincent's Pacific Health Fund for making my elective possible. I had some incredible and eye-opening experiences both at the hospital and during my downtime exploring the beautiful Santo countryside, and I hope to incorporate some of my new experiences and skills into my future practice in Australia. Dr Boe also mentioned that NPH was in desperate need of a projector for their Continuing Medical Education (CME) program. The CME program is an important aspect of in-

hospital medical training with the goal of empowering the growing health workforce to recognise continuous education as the key to improving health services across Vanuatu. Thanks to the Andrew Dent Student Scholarship, I was able to turn this into a reality in the form of a brand-new projector. I would also like to thank all the doctors at NPH who took me under their wing, especially Dr Lawrence, Dr Jono, and Dr Stephan, plus the junior doctors, who all contributed to a memorable elective.