

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: What are the prevalent general surgical conditions in Samoa? How do they differ from the UK?

I undertook my 6-week elective placement in the Independent State of Samoa, which is a assembly of small islands situated in the South Pacific Ocean. The country is composed of two main islands, Upolu and Savai'i alongside smaller islets with sporadic pockets of population. Tupua Tamasese Meaole (TTM) Hospital is located in the nation's capital, Apia, in Upolu. I was working with TTM's surgical teams, allowing me to witness not only the general surgical cases, but also those, which presented to A&E.

During my time in Samoa, the commonest conditions I encountered were Type II diabetes mellitus and hypertension, both of which were responsible for the majority of the morbidity and mortality in the country. This similarity in disease burden between England and Samoa may come as a surprise given the geographical and cultural distance between them. The key components of disease aetiology however, seem to be lifestyle factors. Rural to urban migration alongside westernisation, has lead to increased exposure of the Samoans to unhealthy, processed foods, and this, combined with inactivity, has lead to an increased incidence of obesity and the diseases that accompany it.

The high prevalence of these diseases was also reflected in the surgical procedures performed, with the commonest being debridement, wash and general clearance of diabetic foot sepsis. This was usually secondary to long standing, uncontrolled diabetes leading to an ischaemic foot, sepsis and necrosis. The other general surgical procedures performed by the surgical team were similar to those seen in the UK; these included hernia repairs, cholecystectomies and appendectomies.

The majority of A&E presentations were orthopaedic cases, often men in there 20's with rugby or alcohol related injuries. The threshold for an orthopaedic referral in Samoa is much higher that than in the UK. Most patients would be x-rayed and assessed by the A&E team alone, with them managing hairline or mildly displaced fractures with no orthopaedic input.

Describe the pattern of health provision in relation to the country, which you will be, working and contrast this with other countries, or with the UK: How are the general surgical services organised and delivered in Samoa? How does it differ from the UK?

Like the UK, Samoa offers free access to healthcare for its population. The Samoan Ministry of Health (MOH) is fundamentally equivalent to the NHS and provides government-funded primary, secondary and tertiary care. A combination of district and national hospitals, alongside a network of healthcare centres in the rural areas are used to provide this service. Much like the NHS, the MOH Primary Care service supports much of the patient burden. Samoa's has limited capacity means subsidization for overseas referral to specialist care is needed. This is mostly to New Zealand and Australia.

TTM is the largest hospital in Samoa, providing primary, secondary, and specialist tertiary, surgical and outpatient care. The other main hospital, called Malietoa Tanumafil, is located on Savai'i. Networks of women's committees are responsible for organising community health centres in the remote areas of

Samoa to meet the health needs of the rural population. An urban-rural divide in the provision of healthcare services is evident, despite the existence of such networks. Problems faced by the rural healthcare centres include a shortage of staff and necessary medicines, alongside the lack of reliable transport from the remote villages to the health centres and hospitals. This represents a real physical barrier to treatment.

The healthcare practice of Samoa is tremendously affected by the conservative nature of its population. Samoans tend to be shy towards healthcare professionals, but may also come across as out-spoken in their histories or when asked questions. Another issue faced in Samoa is the one of gender. Women tend to prefer being seen by a female health professional, this however is a common discovery throughout many parts of the world.

To explore the interplant programs conducted in Samoa and their success in developing the local tertiary health services.

The first interplant program conducted to Samoa was in 1983, with programs being delivered annually thereafter. From 1995, funding has been provided via the AusAID Pacific Island Project (PIP), which is managed by the Royal Australian College of Surgeons. The priority remains the provision of cleft surgery, especially for complicated cases that cannot be managed by the local surgeons.

The interplant program aims to provide people in developing countries across the Asia Pacific region with timely access to high quality surgical, medical and associated health services. This in turn will improve people's health and wellbeing by allowing access to life-changing surgery and related medical services.

This non-government, not-for-profit organisation is focused on improving the quality of life for people who are disabled as a consequence of congenital or acquired medical conditions. This is achieved by sending fully qualified Australian and New Zealand volunteer surgeons, anaesthetists, nurses and associated health professionals to the Asia Pacific region to provide free surgical treatment for patients who would otherwise not be able to afford access to such services. There is also a heavy focus on facilitating medical training and mentoring for in-country medical employees by supporting and building the capacity of local health services.

The participation of the new generation of surgical registrars in the interplant programs over the recent years has reinforced Samoa's progress towards the development of local capacity to deliver plastic and reconstructive surgery services. It is predicted that interplant will continue to help the local surgeons and medical staff and that on-going training and support will be essential to develop these skills. Not only will training opportunities be provided, but also, continued access to reconstructive surgery services for the people of Samoa will also be made available.

To decide whether a surgical career is something I wish to pursue by enhancing my understanding of the speciality in a distinct setting.

I have always enjoyed being in the theatre, but that is not the only reason behind my decision to become a surgeon. A good surgeon is one of many skills: he is an excellent communicator, a good leader, while being able to solve both medical and surgical problems. A surgeon also has the privilege of sharing a unique bond with their patient, with the patient consenting to potentially life-altering

procedures. The job is demanding, stressful with potentially dire consequences, but the outcome and satisfaction is exponential.

My time spent with the surgical teams in Samoa has not only strengthened, but also confirmed my decision of perusing a surgical career. Each surgical case I was faced with in Samoa allowed me to see just how life altering a simple procedure can be for a patient. Where resources and skilled hands are scarce, a well skilled surgeon can make all the difference.

Not only this, but witnessing the impact of the interplast teams, not only on the patients but the health professionals of the country allowed me to comprehend the international impact surgery can have. How teaching a simple procedure to a team can help save hundreds of lives and improve the quality of life of many more.

ELECTIVE (SSC5c) REFLECTION

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future. (Please complete the sections below).

Was it what you expected?
Samoa was even better than I expected. Samoa is a very friendly country with great people who made me feel very welcome.
Clinical experience?
The clinical experience is interesting and stimulating; with cases and presentations you would never get a chance to see in the UK.
What did you learn about the people and the country?
The people are very friendly and of strong Christian faith. Many presentations of disease are late as people believe prayer is a strong part o the healing process.
What did you learn about the health care professionals you worked with?
Very caring and committed individuals who were keen to teach the students and provide the best care they could for their patients.
What did you learn about the health care system in that country?
The health care system is in many ways similar to that of the UK with free access to healthcare for all its citizens.
What were the best bits?
The whole experience was truly invaluable, but my most prized aspect were the people of Samoa. Their kindness touched my heart and I can confidently say that I would visit the country again in the future.
What were bits you least enjoyed?
Apart from the long journey there – hardly any!
Were there any shortcomings?
No shortcomings in my opinion.
Would you recommend it to another student?
Most definitely – Samoa is a unique experience.