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GENERAL MEDICINE

Elective Report
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Elective Report – Northern Provincial Hospital, Espiritu Santo, Vanuatu

What are the common presentations to the hospital in Vanuatu? How does this compare to common presentations in the UK?

During the 5 weeks I spent in Vanuatu, I attended outpatient clinics, A&E and inpatient ward rounds. In addition, the Pacific Partnership was on the island for part of our stay, carrying out a humanitarian mission. This involved providing free consultations to anyone who required it, and free prescriptions of certain medications. This allowed me to contrast the presentations to hospital in normal circumstances, and those seen by the navy during the free clinics. It also gave me the opportunity to travel to some remote clinics in less accessible regions of Espiritu Santo.

Common presentations included eye and ENT problems, infectious diseases including TB and malaria (especially in those people who had travelled in from neighbouring islands) and fish poisoning from a toxin contracted from small coral-eating fish. In A&E there was a high incidence of orthopaedic problems, knife injuries (most people, including children, carried bush knives around) and occasionally injuries resulting from domestic violence. There was also a high incidence of diabetes amongst outpatients and surgical patients. I was surprised to see patients with COPD, having not seen many people smoking in Luganville, but soon discovered that it was the result of being in enclosed spaces with open fires (again, particularly in patients from more remote areas).

Given the distance for many people to travel in order to reach the hospital, and the fact that consultations and medications must be paid for, I suspected that many illnesses were ignored and hence untreated and those who did present were often quite unwell. This was particularly true of the children's medical ward, most of whom had malnutrition, severe gastroenteritis, malaria or complications of conditions such as meningitis. Therefore, under normal circumstances, it seemed that presentations to the hospital were quite different from the UK, with the exception of those patients who had the means to attend check-ups for chronic diseases.

During the free clinics with the navy, however, the presentations varied significantly. Many patients presented with generalised chronic pain, keloid scars, (sometimes severe) arthritides which had been left untreated for years, obviously not considered worth the journey/cost of attending hospital otherwise. Children were brought in with respiratory infections, ear infections and rashes – strikingly similar presentations to the UK. In normal circumstances, when healthcare cost money in a relatively poor country, patients only attended hospital if absolutely necessary, but when free healthcare was made available people attended with a whole realm of illnesses not dissimilar to those seen by GPs daily in the UK. This highlighted the different attitudes in Vanuatu and the UK to what was worth seeking hospital attention for.

What kind of health provisions are available in Northern Provincial Hospital, Vanuatu, and which services are offered in the community? How does this contrast with the UK?

There were Ni-Van community clinics, which provided basic healthcare, including an immunisation programme and maternity services, and were usually led by nurse practitioners. For those who were more unwell, the best hope of treatment was to reach Luganville hospital. This often involved long boat trips and journeys on bad roads. In many respects the hospital had

a similar set-up to our local hospitals, just on a smaller scale: medical, surgical and paediatric inpatient wards (20 beds each), a maternity unit, TB ward, ENT and ophthalmology outpatients, a 6-bed A&E, 2 theatres, radiology and pathology departments and a blood bank. However, inpatient wards were dark and cramped, with relatives often staying on the wards (especially in paediatrics). Levels of hygiene were relatively poor, and the doors opened straight into the hospital ground, with no anti-insect mesh on the windows or doors. Fluids were available, but saved for those who desperately needed them. Oxygen was used sparingly, as there was a limited supply and, in the past, had run out and needed to be bought off the local dive companies. These were situations I would never have imagined coming across, and I was struck by the lack of resources and some of the necessary management plans which resulted from this.

We were shown a list of available medications when we arrived, which covered basic pain relief and antibiotics, specific treatments for TB and malaria and a number of other drugs. It soon became clear, however, that many drugs needed to sufficiently manage chronic diseases were unavailable. Patients were often advised that if they had relatives travelling to or living in New Zealand or Australia they should ask them to buy the drugs from there (for example a man with prostatic hypertrophy, for which there were no drugs available).

Furthermore, for those people with cardiac conditions, investigation and treatment options were limited. There was no echocardiogram facility or ECG, and local doctors reported that doctors from Australia/New Zealand or Fiji would fly in around once a year with ultrasound. Anyone needing intensive care, many emergency procedures or anything more than basic investigations (such as urine dips and blood films) needed to be stabilised and flown to Port Vila hospital on another island in Vanuatu, or even to Sydney. Although there are specialist centres in the UK and patients are often transferred if they require certain procedures or treatment, it was quite a shock to realise that if someone came in with something seen relatively often in the UK, such as a myocardial infarction, advanced cancer or severe trauma, there was very little that could have been done in the hospital.

<u>Explore the management of chronic disease in hospital (and the community if possible) in Vanuatu?</u>

As mentioned above, I suspect that the number of patients with identified chronic disease was vastly underrepresented by those attending outpatient clinics. This may have been due to a lack of health education reaching remote villages and islands, and the fact that hospital was viewed by many as a place for severe, acute problems, due to the difficulty in access and the cost of consultations. This was confirmed by the fact that so many people presented with chronic orthopaedic or rheumatological problems during the weeks that the navy spent on the island.

Having said this, there were a number of patients being monitored for chronic cardiac and respiratory diseases, and especially diabetes. Presentations often seemed to be quite late, with much of the elective surgery being debridement of ulcers or amputations caused by poorly controlled diabetes. Ophthalmology clinics ran daily and diabetic patients were offered twice yearly eye checks. I suspect that these checks were often missed, however, due to the cost.

In terms of the management of chronic back pain, the mainstay was conservative: advice was given about stretching and exercises, people were told to use hot rags locally for the pain and basic analgesia was prescribed. With other chronic diseases, the navy doctors did not prescribe in the same way that doctors would in the UK. For example, people with hypertension would be

started on a number of cardiovascular drugs, but in Vanuatu giving a week's worth of these drugs was inappropriate, as most people could not afford to pay for them once the supply had run out, even if the drugs were available to buy (which many were not). As a result, diagnosis was almost exclusively based on history and examination, and treatment on conservative and educational measures.

Which additional challenges in clinical or communication skills did I face in Vanuatu? How will this influence my future practice?

One of the biggest challenges I faced was coming to terms with the notion of seeing patients with conditions that I had come to view as very controllable in the UK, but being very limited in the ability to investigate and treat them adequately. During the navy clinics, each doctor saw 50-60 patients each day, and the medications available were limited. As a result, doctors had to prioritise conditions (many people came in with more than one), allocate limited resources as appropriately as they could, and often find alternative suitable treatments as the first choice had run out. When practicing in the UK these are situations that I am unlikely to come across in my daily practice, but it has highlighted to me how privileged we are to have the health provisions that we do and to form some appreciation of the difficulty of resource allocation.

This elective also emphasised the importance of the role of the fundamental skills of medicine – good history taking and examination were essential, due to the lack of resources with which to investigate conditions. In my future practice I will endeavour to use investigations to confirm my diagnosis rather than relying upon them to produce it.

I found it challenging to see patients who had suffered with their conditions for a long time, travelled for miles and queued all day hoping for a cure, being seen for a few minutes and often sent away with some basic health advice and analgesia. I saw the importance of explaining that whilst most chronic diseases are not curable, there are lifestyle changes that were within even the poorest patients' power and means, that could help improve their quality of life. It was often hard to communicate this adequately in a short consultation, especially in the remote clinics where interpreters were limited (the local language was Bislama – a Pidgin English language). In my future practice, I will do everything I can to ensure that such information is clearly communicated and understood.

In summary, my elective in Vanuatu has opened my eyes to an entirely different way of practicing medicine, and one which I have never previously encountered. The additional presence of the Pacific Partnership gave me an insight into the workings of a humanitarian mission: another new experience for me. I hope that the experiences of the 5 weeks will stay with me and allow me to become a better doctor as a result.