

Elective Report: Bairo Pite Clinic, Dili, Timor-Leste (7/4/14 - 16/5/14)

Timor-Leste (East Timor) is the world's second newest nation, formed after it regained independence from Indonesia in 2002. I spent my elective at the Bairo Pite Clinic in the capital city of Dili, founded by the indefatigable Dr Dan Murphy who arrived in Timor in 1999 at the height of the struggle for independence, and initially spent his time treating the wounded and displaced Timorese people who were victims of the well documented atrocities committed by the Indonesian military. Since then the clinic has grown into a 60 bed facility which sees every patient who presents (up to 200 a day), runs regular mobile clinics in the districts around Dili, has a thriving maternity department which trains local midwives who return to their remote villages to provide basic care to their communities and now treats a wide range of medical conditions synonymous with poverty such as Tuberculosis and tropical infectious diseases. Alongside 'Dr Dan' is an Infectious Diseases registrar from the UK working at the BPC for one year and an army of local and visiting volunteers and staff. The clinic is a charity and receives minimal funding from the government and so relies on donations. I was one of several elective students who took an active part in the day to day running of the clinic in a role not dissimilar to that of an FY1 in the UK completing jobs such as clerking in new patients and accompanying them to appointments at the national hospital.

Because of the recent turbulent history of Timor, the infrastructure of the state sponsored healthcare system is still in an early stage of development, and so charity run clinics like the BPC still play a very important role. This combined with a non-existent state led preventative medicine strategy and poor health seeking behaviours (due to education and transportation difficulties) meant that the pathology I saw was both varied and extreme. Tuberculosis places a huge disease burden on the population and as a result I often saw patients with a range of manifestations rarely seen elsewhere. Many patients had signs associated with the late stages of diseases treatable in the west, and I even saw cases of conditions eradicated in other areas. I saw a couple of classical cases of Leprosy in patients from the district of Oecussi which is an enclave within Indonesian controlled Timor, which has one of the highest incidences of the disease in the world. There is no surgical capability at the BPC beyond minor operations of the sort that could be attempted at a GP surgery in the UK and so patients with surgical problems are transferred to the national hospital. There is also no pathology service based in Timor and so Biopsy samples must be sent to a charitable Pathologist in Australia to obtain a tissue diagnosis.

The wards are organised by pathology only, so it often means that there are babies and children next to elderly patients in the general medical ward. Patients with suspected and confirmed TB also occupy a ward each and there is a separate ward for young malnourished children. A basic lab run by local staff and volunteers can perform basic investigations such as HIV and Malaria tests, Blood films, estimated haemoglobin and sputum smears for TB. The clinic also has the only PCR machine in the country, which looks for drug resistant strains for TB based on the samples DNA. Supplies of basic drugs and even water can be a problem, as the clinic is supplied by

a water tank filled regularly by a truck and so often runs out for short periods of time. The Bairo Pite Clinic itself is a collection of temporary and permanent buildings into which the maximum possible number of beds are squeezed (along with their patients and extended families who often stay the night in the ward with them) and so is showing the signs of many years of heavy use.

Since the UN mission to Timor-Leste finished at the beginning of 2013, the country has been gradually returning to normality and a programme of major infrastructure projects spend new found oil money. This will go a long way to improve the lives and living conditions of the population, many of whom live in poorly constructed dwellings since the recent war which reduced much of the capital to ruins and displaced almost all of the population to internal displacement camps. The roads in and out of Dili were visibly improving throughout the duration of my stay, however a four wheel drive vehicle is absolutely necessary for going beyond Dili. While there are tourists in Timor-Leste, it is not anywhere near comparable to the likes of nearby Bali, and the cost of living is no where near as cheap as other SE Asian countries. I stayed with a UK expat (also the honorary British Consul) who always has up to 3 people visiting Timor staying with her, which made living here very easy. It is an increasingly popular destination for elective students and so there were always plenty of other students around. Because the students are expected to play an important role in the clinic we were expected to be in every day (including Sunday morning for a teaching ward round with Dr Dan) but could take days off on a rota so we could still see other parts of the country. The main local language is Tetun which is very basic and so easy to pick up a little of during an elective period, otherwise there are several staff and volunteers at the clinic who are able and willing to translate.

I certainly was able to learn a huge amount during my time here about general medicine and tropical diseases in a resource poor setting, and there are also excellent opportunities to gain experience in maternal health, paediatrics and emergency care, as well as conduct audits and perhaps research with approval from the ministry of health and clinic itself (however I understand ethics approval and the associated red tape can be difficult and so would require prior arrangements). I would recommend that any future students try to ensure that there is a second doctor employed at the clinic for the duration of their attachment, as Dr Dan is often very busy with his outpatient clinic and so is not so accessible after the morning ward round to supervise students. The climate is also very hot and humid and the wards do not have air conditioning, so students should be aware of potentially difficult working conditions.

Overall I would certainly recommend this placement to students unafraid of hard work and at times difficult working conditions, looking to gain varied and extensive experience in various areas of medicine while understanding the challenges and political undercurrents of providing healthcare in a underdeveloped foreign setting. I would also suggest it is a good placement for those considering a career in Global Health, or contemplating working in a developing setting for an extended period in the future. I feel it has been incredibly useful in helping me to prepare for my

foundation year jobs and beyond and will certainly always remember the time I spent here.

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