

Elective Learning Objectives

1. Describe the pattern of ischaemic heart disease in Vanuatu and discuss in the context of global health

In Vanuatu ischaemic heart disease is a big problem, being the third highest cause of mortality there according to the Institute of Health Metrics and Evaluation. Type 2 diabetes mellitus, obesity and hypertension are becoming more prevalent and with each of these being a risk factor for IHD, the numbers will only increase. This appears to be a global trend with the incidence of IHD increasing globally. There is a push for better education regarding health in Vanuatu, with marketing campaigns and also teaching in schools from a young age so that bad habits are ideally not formed. The doctors also try to educate the patients when they come into hospital although the follow up rates are low so it is often unknown how much of an impact this has on the patients health.

2. How is ischaemic heart disease managed in Vanuatu compared to the UK?

There is a high non compliance with medication and lifestyle changes as well as a high rate of people missing their appointments so managing IHD in Vanuatu can be quite a challenge. A lot of emphasis is put on education as often the patients have no idea about food and lifestyle changes that can help their condition. This is often done on the patients admission to hospital or in their first clinic appointment as they do not want to run the risk of them not attending their next appointment. There is not a GP system that is easily accessible for the Vanuatu locals unless they can afford to go privately (a luxury usually reserved for ex-pats) so the medical clinic at the hospital is the only service for them.

This is in stark contrast to the UK where there are specialist clinics run by specialist cardiologists and also the facility to have regular check ups with the GP or specialist nurse. Investigations such as echos and angiograms are readily available and frequently performed in the UK where as these services are not accessible in Vanuatu.

3. What specialist services are set up to help manage long term conditions?

There is a medical clinic that has a cardiology day so will fit in as many cardiology patients as they can in that day. There is no specialist service as such, all the doctors are general medicine doctors, however a few times a year specialist teams visit from Australia and NZ to assess the more serious cases. These teams often visit for 1-2 weeks so although in that time they can see many patients, there are also many that unfortunately cannot be seen.

Even though the hospital owns an echo machine, there are no staff that are trained to use it so they rely on a visiting cardiologist from Australia or NZ to do them once a year. Therefore patients cannot routinely have an echo like they can in the UK. Angiography is not possible in the hospital due to lack of equipment and training so if this is required it would require transporting the patient to a different island with better facilities.

4. a) I aim to improve my examination skills and history taking. I aim also to improve my practical skills.

I assisted in many clinics, so I was able to have a lot of time to practice my examination and history taking skills. I also assisted in theatres to practice my practical skills, both in anaesthetics and surgery. I really feel that this elective has given me many opportunities to further my skills in many areas. Although I was quite apprehensive about being so hands on at first, I soon became more confident whilst still being aware of where my competence boundaries were and being careful to never take on anything I did not feel comfortable doing within my expertise.

The doctors at the hospital were all very welcoming and encouraging. This enabled me to feel less apprehensive about examining patients. The doctors were also useful in helping

us speak to the patients as their language (Bislama) was often difficult to understand – it is a form of pigeon English so I got the hang of it fairly quickly. They were keen to teach as well as to give us a taste of the responsibility that we will have when we start in our jobs in July.

b) Reflect on what new things I have learnt in Vanuatu

Being in Vanuatu for my elective was a very different experience to what I had imagined. I had not thought that it would be so different to the UK, with little funding and few staff. However it has made me realise just how reliant we are in the UK on investigations - in Vanuatu they do not have access to many of the things we take for granted - CT scanners, MRI, echos, even basic biochemistry blood tests were unavailable due to a shortage of reagents! The doctors therefore relied heavily on their history and examination skills in order to make diagnoses that we would spend thousands of pounds on diagnosing using expensive investigations.

It was clear from the very start that the levels of hygiene in Port Vila Hospital were significantly different to that of hospitals in the UK. In the UK most of our surgical equipment is disposable to ensure that there is as little risk of infection as possible to the patients. However, due to financial reasons, it is not viable for this to happen in Vanuatu so they use a lot of reusable items, including washable surgical gowns, masks and hats. It would be interesting to compare the rates of post operative infections between Vanuatu and the UK.

Overall, this was a very useful experience for me, helping me gain confidence and feel happier about starting work as a junior doctor in a couple of months time. It was also a very different experience to the UK, helping me appreciate what we have and not to take it for granted.