

Elective Report – Katherine Brinchmann

Northern Provincial Hospital, Espiritu Santo, Vanuatu

22/4/13-07/06/13

Supervisor: Dr Thomas Sala (tsala@vanuatu.gov.vu)

GENERAL
MEDICINE

Objectives

1. Describe the pattern of disease in the Vanuatu
2. Compare the hospital in Vanuatu to those in the UK
3. Compare the patients in Vanuatu to those in the UK
4. How does the culture of people in Vanuatu effect access to health care

Vanuatu lies in the tropic of Capricorn, in the South Pacific. The medicine therefore is very fitting to the tropical climate as you would expect. There are large numbers of patients with diseases such as Malaria and Dengue fever associated with the high mosquito numbers but the people have also started to suffer with very western diseases such as hypertension and diabetes. The patients I experienced fell into three main categories, the acute infections, the chronic diseases and maternity. It seemed completely normal to have up to eight children and there were many births a day.

Vanuatu is a developing country and despite the Government's aim to have a free health care service they do not have enough funding for the hospitals and therefore the patients are required to pay for their care and medication. The only exception to this is hypertension and diabetic medication that is supposed to be free to patients in a government initiative. Unfortunately, in 2012 the government ran out of funds for this and patients went without their medication from October until January. Due to this there are many patients suffering the consequences of poorly controlled diabetes and I met numerous young patients requiring lower limb amputations due to poorly managed diabetic foot ulcers. Another common problem is non-compliance with medication. Many people believe in 'kustom' medicine and with the encouragement of their family take this medication instead and therefore deteriorate.

I spent some time on the Paediatric ward where the majority of the patients were infants suffering from pneumonia. I questioned the Paediatric consultant from Cuba about the reasons for the large number of babies suffering with pneumonia. He believed poor hygiene, poor diet post breast feeding and poor living conditions were the causes of such high rates of infections. Due to education being optional many parents are unaware of the nutritional needs of children. I met a few infants that were purely being fed sugar water resulting in severe malnutrition, pneumonia and dermatitis. The Australian government now sponsors all Vanuatu children to attend primary school for free, but further education must be paid for and increases in price as the child progresses making it near impossible for the average parent to afford it. The interest in education however has increased as people are living more Western and less 'kustom' lives. This may improve knowledge about hygiene and disease more in the future.

It is nearly impossible to compare Northern Provincial Hospital with any Western hospital. It barely deserves the name hospital due to the complete lack of equipment that most other hospital would have. The hospital supplied all the northern islands of Vanuatu meaning people would travel from great distances in order to get medical help there. Due to this it was difficult to arrange follow up appointments as people would be unable to travel back to the hospital. This resulted in longer inpatient stays for patient until the doctors were happy that they had recovered sufficiently to be discharged back to their islands. This however had another downfall in that people had to pay more for these admissions.

During my time at the hospital the lack of facilities shocked me. Apparently the hospital had run out of ECG paper in 2010 and had no access to a 12-lead ECG for this time. This meant any ACS was diagnosed clinically and treated only with a therapeutic dose of Aspirin and perhaps Heparin if they were lucky. With the significant number of arteriopath patients this resulted in high mortality in these patients. This was difficult to see as some of the patients were only in their mid-30s. There was no CT or MRI scans available, no Echo or CTG in maternity, no radiotherapy or chemotherapy at all, no psychiatry facilities and often reagents in the laboratory would run out preventing certain blood tests. All patients were screened for malaria or TB as these medications were freely available due to donations. Doctors would hope that patients' symptoms were down to infectious causes as there was no treatment available for a lot of other diseases, especially autoimmune or cancers.

The surgical ward and theatres were by far the most well equipped having been funded by foreign aid. Despite this the number and type of surgery was extremely limited. The common surgeries were Caesarean sections, debridement of wounds (often with no analgesia), some orthopaedic surgery and many amputations. There was no paediatric surgery at all. Despite multiple volunteer doctors coming from Australia and New Zealand to see patients to write referral letters for possible intervention in their countries many patients were rejected if they required more than one surgery. During my visit a cardiologist came and spent a whole week doing Echos on patients. Due to the high rate of rheumatic heart disease these were young patients with significant valve disease requiring replacement. The Cardiologist was required to choose patients most suitable to be put forward for sponsorship to receive surgery in New Zealand. Many patients were rejected due to their disease being too advanced to fix in one surgery and therefore would ultimately succumb to the heart failure many before the age of 25.

Many people in Vanuatu die unnecessarily to preventable diseases that if they were in the UK would be treated if not cured. Although I see that the Vanuatu people have many qualities that are desirable including altruism, generosity, happiness and friendliness there are pitfalls in their culture that is detrimental to their health and well-being. There is little curiosity or interest in one's health and people will often present very late to a physician making treatment more difficult and sometimes impossible. Their complacency means that they don't strive for a long life and therefore don't get one, although it was explained to me by the chief of a village that Vanuatu people would rather live short and happy lives than long and miserable ones. Many people can live without an income due to their large amount of land where they are able to grow all the food they need. Without income they are unable to afford medical treatment even if they should want it.

Despite the healthcare system being so dire the attitude of the people was completely different to those in the UK. I find that people in the UK have an attitude of entitlement when it comes to

healthcare and many are happy to complain. In Vanuatu people are grateful to everything that they get. They have few expectations and have great respect for the doctors and nurses caring for them. The options for them in the management of their disease would be incomprehensible for a British person, for example first line management for post-partum haemorrhage is hysterectomy or amputation for all diabetic foot ulcers. There are however never any complaints, there is no legal support for the hospital as no one thinks to prosecute for any mistakes. The people accept that death is an inevitability and don't blame the system or the staff, even though in some cases they are responsible.