

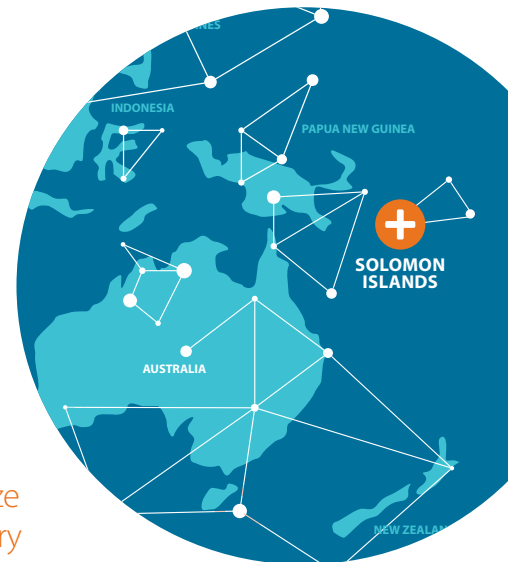
Elective Grant Report



With kindergarten children, some of them holding the backpacks purchased with the personal component of my grant, thanks to MIGA

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Picture this. Two Aussie gals, ready to get a sick tan from the Solomon sun. We step off the plane, and realise we're on an island the size of a footy field. Not that premium MCG size football field, no, we're talking backyard primary school football field. This was the moment where panic struck, millions of thoughts were running through my head. What did I get myself into? How is there supposed to be a hospital here? Why didn't I do more research? I knew I should have listened to my mum and gone somewhere 'safe'.

10 things you need to know about a placement in the Solomon Islands

1. Motorboat = Ferarri

We both stared at each other's pale faces, lost for words, unsure of what to do. Next thing we know a friendly local approached us and asked "you fella go Gizo?". Bewildered, we replied "but we are in Gizo?". No. Turns out the island you land on is actually in fact just the airport. And this is where you learn the first most vital point: prepare to go by boat everywhere. Our friendly local immediately offered us a ride on his. At first I was very suspicious, but my wide-eyed friend quickly took up the offer before I had too much time to think. 10 minutes later we arrived in Gizo, our feet wet but our hearts ready for the next 6 weeks.

2. You're a star

You know that feeling when you're showered with compliments and have to put up a modest front, but deep down you're loving it? Actually who am I kidding, you guys aren't me. Well, walking down the main road running through Gizo feels just like that. Everywhere you go heads will turn, men and women will smile at you and say hello, children will run up to you and grab your hand and everyone wants to know your story. You'd think that being a self-proclaimed Instagram model would equip me for this but it was still an experience and a half. Due to its lack of tourism, Gizo remains a town where many locals have never seen any other ethnicity apart from Melanesian/Polynesian/Micronesian. This means visiting as a foreigner will turn you into the centre of attention wherever you go.

3. Thonglet

Look it up, it's a thing... at least in Gizo Hospital. Introducing the thong/singlet combo. Imagine your most respected clinician wearing a singlet and thongs... and no not the underwear type. Now imagine this wonderful picture in the setting of a hospital, treating patients.

Yup that's right. Disturbed yet?

A pre-requisite to placement at Gizo Hospital in the Solomon Islands is wearing your most comfortable clothes to work every day. You might find the doctor mixing it up and wearing a floral shirt on cold days, but thongs and singlets are rocked most days of the year. This is actually a very practical policy because the humidity in the Solomon Islands can sometimes make sweat glands sweat in places you never knew existed. It also solves several problems. Always get sweat patches under your arms? Easy, wear a singlet! Get hit by a midday storm? Lucky your shoes are waterproof! Have labour juices all over your shoes? No worries... wash your thongs! Need I say more?





At the entrance of the newly renovated Gizo Hospital



Thoracentesis of 5 year old boy with TB induced empyema, completed by a general surgeon from Honiara



The set-up of one of two operation rooms at Gizo Hospital

4. Gizo "Hospital"

Okay I know, enough talk about boats, importance, and fashion (blame whoever put me in charge of writing this report). Let's get down to what you really want to know... placement in Gizo Hospital. I wasn't really sure what to expect on my first day. My friend and I were all ready to go, with our pocket textbooks in one hand and stethoscope in another, and we made our way down to the hospital. When we arrived we were pleasantly surprised, the hospital was in very good condition as it had been recently rebuilt after the 2007 tsunami. It consisted of two levels, downstairs contained the Emergency Department (ED) and some rooms for clinics, and upstairs contained the women's, men's and children's wards.

Despite this, the hospital was very under resourced. Simple things we often take for granted in Australia such as gauze and betadine were used sparingly when we arrived. In fact, during our time there the hospital ran out of gauze, causing surgeries to be delayed for several weeks before new supplies arrived from Australia.

Even pathology had limited tests available as several reagents were missing for tests such as LFTs and CRP. I distinctly remember one of the local doctors telling me that he only ever ordered a blood test for suspected malaria patients to see their haemoglobin levels. Imagine that... an investigation we rely so heavily on in Australia not being available. How would you manage these patients without having comprehensive knowledge of something as simple as a blood film? It didn't take long before we realised that we had to quickly change our approach to these sick patients. One week later our pocket textbooks were buried at the bottom of our suitcases and remained untouched.

A trend appeared in the patients we saw in ED. There seemed to be a different culture towards modern medicine, with locals often associating the hospital with death. This meant that patients would present much later than we often see in Australia. Sometimes they had tumours the size of a football, sometimes they had diabetes so bad their toes were already black, and sometimes they were already on their death bed... brought in only by their concerned family members. One patient we saw on only our second day had been urinating pure bright red blood for two months.

His abdomen was so distended that his cachectic body stood out that much more. When patients were this sick we would consider transfer to Honiara Hospital (the capital of Solomon Islands). However, in this particular case it was clear the patient would not survive any sort of surgery.

Cases like this were hard to accept. When you are brought up in a culture where modern medicine can cure almost anything, where medical school teaches you to never give up and to always find an alternative, it can become frustrating to see patients not receiving adequate care purely because they live in a different country.

But that is the harsh reality of the world we live in. And although I highly enjoyed my placement at Gizo Hospital, it forced me to seriously reflect in how much I take for granted in my everyday life.

5. This one is for Jay

A whole point just for Jay. This 9 year old boy stood out to me the moment I met him and saw his contagious smile. He came into ED with his dad because he was having difficulty walking without stopping every couple of minutes to rest. It was upsetting him because he could no longer play football with the other local boys (a popular activity usually played right on the one main dirt road running through the town). I went up to him and he immediately started giggling, no doubt because he was about to be treated by a foreign medical student. I couldn't help but smile to myself. After some discussion with his dad in a round of very rough Pidgin, I realised that this boy had had rheumatic fever as a young child and never fully recovered from it. There may have been some medications given to him but it was unclear from the history.

On the day I saw him, he had oedema up to his knees, crackles in both lung bases and the loudest mitral stenosis I'd ever heard. It was even clearer than an internet example of a diastolic murmur. This poor 9 year old boy was in severe heart failure. Immediately I gave a handover to the doctor in charge of ED that day. "He needs an echo... we need Cardiothoracics to see him... lets get him transferred over to Honiara".

The local doctor looked at me like I was crazy. "Amelia... we don't have any Cardiothoracic surgeons here in the Solomon Islands". Me, jaw to the ground shocked: "In the whole country... there's not one? Not even in the capital?". Nope. I should have learnt by now. The answer was always no. This regular 9 year old boy, whose only wish was to play soccer with his friends again, was months away from dying. If this boy was living in Australia do you know what he'd be doing now? Living his life to the fullest post heart surgery. My heart breaks writing this because I know by now that he has already passed. A treatable disease killed this boy.

So Jay, here's to you. By dedicating this point to you I hope to increase awareness of the serious limitations to patient care in these developing countries and promote specialists and organisations to utilise their skills and services overseas.



Amputating a diabetic toe in theatre - I'm holding the bone cutting forceps



Completing a joint aspiration from a young teenage girl with reactive arthritis



Watermelon season at the local markets



Waterfall at Kolombungera, reached after a 3 hour hike and 15 river crossings

This is why the MIGA Elective Grant is so important, as it provides funding for hospitals and communities who truly need it. I know for certain that the \$1,500 MIGA has kindly donated to Gizo Hospital will be used to buy more reagents for blood testing, more surgical equipment, and possibly even a portable ultrasound machine. Although it won't be able to buy a Cardiothoracic surgeon, it will certainly go towards buying medications such as corticosteroids and Penicillin which, if given to Jay appropriately, could have potentially saved his life.

6. Game enough?

Right now you're probably feeling pretty down. But the reality is that people die, and a lot more people die in developing nations than they would in developed countries. There is, however, an upside to completing placement in the Solomon Islands. And that's encompassed in the variety of rare diseases we had exposure to, or the extent to which we could treat patients. It was fascinating to learn about all the different types of Malaria and seeing rare clinical signs you would almost never see in Australia. I didn't know that TB could manifest itself in so many different ways in so many different organs or systems. The nature of these diseases were truly so diverse because of their severity or lack of treatment. It was a steep learning curve for me. I was also able to vastly improve my surgical skills because of the amount of hands-on work we could do as medical students.

At one point I was even amputating someone's foot. Yup that's right... I, a measly young medical student, cut off a guy's toe.

If that doesn't give you orthopaedic keen beans wet dreams I don't know what will. Other procedures we completed included knee aspirations and digital blocks before debridement/suturing for trauma.

7. Goodbye first world problems

Aaaand say hello to real world problems. You'll soon come to learn that many of the locals you see selling their fruits and vegetables at the markets are in fact not from Gizo, but rather travel from the surrounding islands to the Gizo markets. If you're ever wandering past the market at night you'll notice that many of them sleep there overnight, surrounded by their produce. Yup that's right, picture hard concrete floor in an open shelter and then imagine that being your home for the next week. To us this may seem like bizarre practice, but to the locals it's typical behaviour.

In fact it's actually vital for the markets to be full of fresh fruit and vegetables each day because fridges are a thing of luxury. This also means that any other food that isn't grown or produced in the surrounding islands (i.e. red meat) is sparse and usually 3 months old and imported by ship.

You know what this means don't you? A haematologist's worst nightmare. Prick anyone who has lived in the Solomon Islands for more than a couple of months and you'll find them severely anaemic. Some of the women we treated had haemoglobins as low as 50 (without any active bleeding).

Another real problem the people of Gizo faced was the use of Beetle nut. Think the head rush of your 16 year old self taking a giant swig of a ciggie mixed with the energy from alcohol. I can't say I tried it myself but these red-tinged nuts were chewed everywhere we went in the Solomon Islands. Do not be scared when the first local you see who smiles at you has red teeth. My first thought was that his gums were bleeding, and why was he so happy despite this? Turns out Beetle nut has a very bitter taste and therefore it is chewed with lime juice to mask the bitterness. This is a recipe for gingivitis galore and mixed in with the red tinge of the nut, produces red, rotting teeth in almost every local. And they wonder why dentists hate their lives so much.*
(*Definitely chose the right career choice. **Definitely not biased).

The worst part about this is that children as young as 9 or 10 take on the Beetle nut habit, and often they'll stain their lips red to impress girls and show how mature they are.

The only upside to being a developing country? Locals are too poor to afford cigarettes.

8. Adventure bug

If I can get my friend to hike a volcanic mountain for two days amidst the rain and mud and wilderness, then anyone can do it. This rainforest/mountain/volcano is called Kolombungera and is a landmark among the eastern province. Hiking it involved zero dry clothes, one waterfall, two machetes, eleven river crossings, and two very experienced local guides. This was just one thing we accomplished during our time in the Solomon Islands. We also spent time at Tetepare, an eco-lodge which made up for its lack of electricity and warm water with dolphins and turtles.

During this time we went snorkelling, island hopping, bat cave swimming, hiking, mud crab catching, and had stone cooked fresh fish.

Just when you thought it couldn't get any better, we also completed our open water dive course with Dive Gizo, where the open ocean was our classroom and shipwrecks and sharks were our subjects.



Method of transport around the eco-lodge island Tetepare



Turtle captured temporarily for turtle tagging as part of the conservation program



Sunset from the Tetepare Jetty



Aerial view of surrounding islands on the flight from Honiara to Gizo

9. You think you know beauty? Think again

I do admit, I wish I could have used my whole word count to write solely about the activities and adventures we got up to during our time in the Solomon Islands. But that's what blogs are for, you can read more about it at withloveamelia.wixsite.com/visualdiary/blog-1/guide-to-the-solomon-islands. (And yes I will admit I only created a blog purely to talk about the Solomon Islands). But the gist of it is this: you can never truly appreciate anything to its full extent when you're distracted with social media or your phone or petty worries. And truth be told, we live in a world where we are constantly surrounded by these things. But take away all of this and you're left with pure, raw beauty.

I never knew nature could manifest itself into such art before I came to the Solomon Islands. Some of the highlights from our trip included the daily sunset over the water at the Tetepare Island jetty, 20 metre high waterfalls with natural rock pools beneath them, crystal clear water over coral and fish, visualising the summit of the volcano Kolombangera, fluorescent blue water surrounding the shallows of an island, and last but not least the generosity and genuineness of the locals.

10. My heart is full.

Enough said.

Each year MIGA's Elective Grants Program offers 10 Grants of \$3,000 to medical students undertaking electives in developing communities. Each Grant includes \$1,500 to cover the student's personal elective costs and \$1,500 to provide medicine or other aid to the local community. To be inspired by other past recipients and find out more about applying, visit our website.

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