Elective Grant Report

Downtime with some of the Hospital staff members' children

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His glistening eye suddenly dulled and rolled backward. Heart pounding, legs shaking, I heard a wobbly voice – mine!? – shout "Run!" to the other medical student and watched my seemingly disembodied arms lift the patient across to the bed and begin compressions.

Scanning the room I saw two of the healthcare workers and asked them for help. "What's a defib?" came the response. My eyes prickled as I blinked rapidly and a steely determination rose from somewhere within. Franklin didn't deserve to die. He wouldn't be dying in Australia. The injustice of it is a tidal wave, suddenly engulfing my entire being, a deep clarity after a few weeks of difficult medicine, that inequity is jarringly real here, and I'm drowning but as I'll soon learn I am the only person in the room who knows CPR so I have to keep treading water if this family's hope for remaining whole is to stay afloat.

Rapidly teaching one of the workers to do compressions, I began to ventilate the patient with a bag and mask as I explained to another how to stick on the defibrillator pads and swallowed down the expanding lump in my throat. The other student soon returned with the neighbouring doctor to provide further assistance but heartbreakingly, and perhaps inevitably by the time we had arrived, the resuscitation was unsuccessful. After just a week of feeling unwell with a cough, this previously healthy, strong father was no longer around to play with his children or work to provide their basic needs. He was irreplaceable not just as a loving family member but as their sole financial income. And that was another injustice; that in the context of death something as trivial and material as money would become a huge problem for his loved ones. There is no such thing as a social security payment here. His wife looked gratefully toward the medical team, watching intently as we cast our eyes down and the doctor shook his head. I gently covered her greying husband with the sheet as she held his hand and wailed, sharing her guttural grief with the rest of the room. That same day we delivered two beautiful, wailing new souls side by side in the birth suite and congratulated their mothers.

In May and June 2017 I completed a six week elective placement at Kiunga Hospital in the North Fly District, Western Province, Papua New Guinea along with three other medical students from Griffith University. My motivation for studying medicine all those years ago was to use my privileges to help others and in particular those who are disadvantaged by the unfair distribution of resources in our global society. I deliberated for some time about the potentially exploitative nature of student overseas electives, and concluded that although I may not make a huge difference this time, I would have the opportunity to gain skills and resilience to provide more for this or other communities when I am a more capable physician. In fact I was surprised at how much I was able to support the hospital staff with even my rudimentary medical abilities, and while I certainly gained infinitely more than I was able to offer, I can confidently say it was a mutually beneficial experience. I have previously had healthcare placements in disadvantaged communities in Australia including in the Kimberley, Thursday Island and Palm Island, which I found thoroughly interesting and rewarding, and which prompted me to seek further experience so that I could expand my ability to serve underprivileged communities as a qualified doctor in the future. Papua New Guinea was of particular interest to me because as our close neighbor the disparity in health and healthcare feels particularly striking, as it does within our country too.

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Surgeon and assistant repairing a displaced fracture in theatre

Community health worker walking down the Hospital corridor, with the theatre and obstetric ward buildings visible on the left and surgical and general wards on the right

One of the small satellite health centres showing the limited selection of medicines and supplies available in smaller towns and villages

Often in medicine we communicate in numbers. Numbers are useful; they describe severity and quickly give an indication of the situation. When explaining to my colleagues the health status in Kiunga, I used my very first patient Gloria as an example. A young woman who presented 3 days after birth with a haemoglobin of 16 (normal 120-150, transfusion threshold in Australia ~70) to describe what would have taken far longer and been far less clear in words. Sometimes, though, I think we become focused on the vast array of numbers and results available to us in tertiary Australian hospitals and think we can treat our patients using them alone. When the white walls and technology and dials on the wall disappear and you're sitting on a dirty wooden bench in an otherwise bare room the illusion is shattered and the value of real life interaction in medicine becomes so clear. The important and most challenging and rewarding side to medicine is the humanistic part; sharing an experience with your patient, listening, looking, understanding them and their experience of illness. The testing and resources available to us in Australia are valuable, certainly, but the quality of medicine you can provide with only your medical education, ears and compassion as a resource is pretty astounding.

Tropical medicine exposure was a steep learning curve and unique experience in medical school, and I feel very lucky to have the opportunity to learn so much from huge numbers of patients with malaria, TB and HIV. There was also – of course! – lots of the medicine we are very used to in GP clinics here such as diabetes, arthritis, hypertension and hyperlipidaemia, sciatica and back pain. Resource-limited treatment can be very different though, and not many patients have a refrigerator to keep insulin! Babies are born at a rate of almost two a day, so there was plenty of practice with deliveries and neonatal healthcare.

A nearby mission hospital doctor spawned a very well-buried desire in me to be more surgically minded, as she told stories of performing emergency surgery for the first time using a step-by-step textbook guide read aloud by a healthcare worker.

After using K-wires to fix a fractured arm, the theatre staff couldn't find the strong sterile wire cutters (and there are no spares!). Someone had the ingenuity to ask the gardener for his biggest pair of pliers and after a quick wipe down with antiseptic we were away! While a comical scenario to be part of and a wonderful demonstration of the flexibility and resourcefulness that is vital in the developing world, this also demonstrates the lack of provisions in Kiunga Hospital and how that limits patient care. So often, the medical team had a solid diagnosis and management plan but were unable to access the medication or treatment that would be best. We used second or third rate options that didn't work effectively, or sometimes nothing at all. Items we would take completely for granted like bandages, specific antibiotics, iron supplements and oxygen masks were all limited and supplied to the Hospital in a highly unpredictable manner. On several occasions Kiunga Hospital has been unable to feed their inpatients because they couldn't afford food for the kitchens.

The vast array of presentations and imaginative management constrained by available tools has energised me to continue learning and expanding as a doctor so that I can be functional in such a community one day. Many of the staff at Kiunga Hospital were excellent educators, and have motivated me to work hard at becoming a useful teacher.

Performing excellent quality healthcare can help a small number of patients, but spreading knowledge and skills among the local community has a ripple effect that can empower and create true improvements in public health.

Kiunga at a glance

- Port town on the Fly River, Western Province
- 18th largest town in PNG
- Population 8,265
- Industry Mining

In 2016

- 48,677 outpatient consultations
- 7,039 vaccines administered
- 641 supervised deliveries
- 9,439 malaria diagnoses

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I learned almost as much outside the Hospital, talking to locals on the weekly 7km 'Walk for Life' that some Hospital staff have developed as an initiative to improve non-communicable disease in the community. One gentleman I spoke to had a heart attack a year previously. Thanks to an ECG machine donated by students from Griffith University, the doctors had correctly diagnosed him very rapidly. However, the definitive treatment is unavailable in Kiunga and requires transport to Port Moresby (a several hour plane ride) for gold-standard treatment or to Tabubil (a three hour drive) for alternative effective options. As his son worked for the Hospital and had a driver's licence, this man had been able to arrange private transport to Tabubil Hospital. The vast majority of the community, lacking access to these resources and with a slow and inaccessible medical transport system, would likely not have survived. What a stark example of how social circumstance can mean the difference between life and death; a sad truth everywhere in the world, including parts of Australia.

The 'Walk for Life' weekly group walk in town led by some Hospital staff members, encouraging activity to prevent chronic disease

When I planned my elective in Kiunga, I had accepted that it was unlikely as a student that I would be able to offer much in return for the learning I would receive. I still believe that it is overwhelmingly me who benefitted from this experience, but I was surprised and humbled to be able to lend a helping hand to the Hospital. It is easy to forget as middle class Australians how lucky we are to have comprehensive education and access to medical learning.

There were two PNG national doctors in Kiunga and their knowledge, skills and standard of care was something to be emulated – their workload, not so much. Servicing the 8,000 residents of Kiunga plus many surrounding towns and villages is no mean feat.

As medically trained assistants we had the opportunity to perform simple procedures, see and initiate treatment for patients and contribute to ongoing care, which allowed the doctors and other staff to focus on reviewing complex patients and overall functioning of the Hospital. There are over 600 deliveries a year in the Kiunga Hospital and only a couple of nurses in the maternity ward. Without our volunteer hands on board, it was almost impossible for them to simultaneously care for mothers and perform life-saving interventions if newborn babies needed ventilation or oxygen at birth. I can't even imagine accepting that a simple staff shortage could mean my baby didn't survive, but stillbirth and early death is a common reality for local women. It was an absolute privilege to provide resuscitation for their tiny babies and witness the joy and relief surrounding a strong, loud cry after a few agonising minutes.

An ambulance trip to a satellite health centre in a small village to collect an unwell patient requiring admission

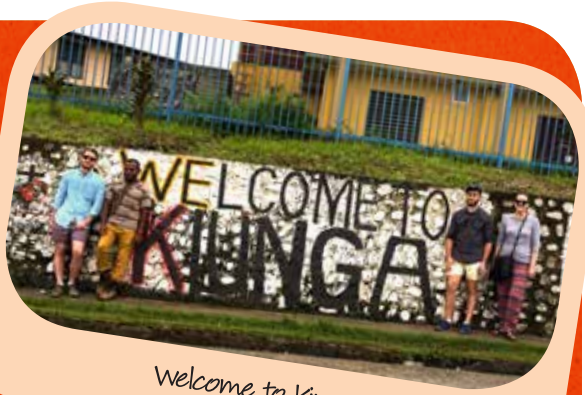
I spent six weeks in Kiunga and I have never felt more inadequate or more significant, more overwhelmed, more capable, more humbled or more proud to be part of this world. From the highs of healthy babies born, playing soccer and touch football with the local kids, and waving hello to them as they sang "Emily, bai!" as we walked past to the markets; to the more difficult and confronting lows of stillbirth, communicable disease burden and lack of resources preventing adequate healthcare, this is a placement I won't forget. The resilience of the people, both patients and workers, which I met in Kiunga will continue to inspire me to be a stronger, better and more compassionate doctor whether I am working in the flashy Sunshine Coast, the remote Kimberley, or back in beautiful Kiunga in my future. The time and energy this community invested in me has prepared me for my future career in ways I could not have hoped to benefit from anywhere else.

When I am feeling tired and unmotivated in the middle of night shift in a buzzing hospital, I need only imagine the chorus of children's voices cheering me on my way to work at Kiunga Hospital and I am reminded of what a grand privilege it is to be bestowed with the skills and knowledge to make some positive difference in the lives of others.

A rare quiet moment on the maternity ward with three of the delivery nurses

Learn to Tok Pisin

Numa wun pinga – Thumb
Garas bilong het – Hair
Bel mama – Uterus
Pulim wind – Breathe in
Skinhaut – Fever
Pilim traut – Nausea
Kai kai – Food
Howmas? – How much?
Howmas krismas yugat? – How old are you?
Wanem sik bilong yu? – What illness do you have?
Gudpela moning / nat long yu! – Good morning / evening



Welcome to Kiunga

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I am deeply grateful to the Kiunga Hospital staff for welcoming us into their lives and teaching us to strive for better, as doctors and as people. I solemnly hope that I have the privilege of returning their kindness in the future and supporting the health of this community in multifaceted ways. Kind thanks also to MIGA for this generous Grant that made it possible and that will continue to make a difference to the population through preventative health.

Medical equipment is very expensive and therefore scarce in the wards of Kiunga Hospital. Grants such as this and donations are the main income that the Hospital manager Graeme can use to purchase necessary items and can be unpredictable. Graeme has spent several years running the facility, and has better insight than myself into how best to spend it, so the decision regarding the use of this Grant was made in consultation with him.

During my short time in Kiunga one of the most startling differences I noticed was the prevalence of perinatal complications for both mothers and newborns, for example uncontrolled pre-eclampsia and obstructed deliveries. The Grant has been used to purchase a foetal Doppler ultrasound, pulse oximeters for adult and paediatric patients, and a blood pressure machine and cuffs.

Watching sunset over the surgical theatre while playing football on the Hospital field

Children rowing a small boat through one of the nearby villages

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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