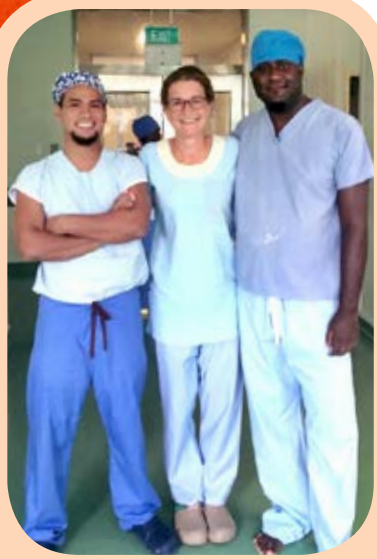
Elective Grant Report



Dr Paul and Dr Jared – Two of my supervisors

Lucy Mitchell
University of Sydney

Gizo Hospital
Gizo, Solomon Islands

I was drawn to undertaking my elective in Gizo for many reasons. Firstly, despite its proximity to Australia, the Solomon Islands are profoundly less developed, and spend just $108 international dollars per capita per year on healthcare compared with $4,357 in Australia. Being interested in health equity and health practice in developing parts of the world, I felt it would be useful to develop some understanding of how medicine functions within a resource limited setting and also to gain some exposure to tropical medicine, which is a widely applicable knowledge base both in Australia and overseas.

Undertaking all this within an entirely different cultural context would further my appreciation of the diversity with which people and communities understand and engage with healthcare, which promised to be a meaningful and important experience. Finally, the Solomon Islands – as a collection of over 900 low lying islands – are incredibly vulnerable to climate change, which is surely emerging to be one of the greatest health challenges of our time. There is such a strong connection between environment and health, especially in a place where people rely so heavily on the natural environment for sustenance and economy, and I felt it important to spend some time developing my understanding of the issues that are arising for the countries hardest hit by the climate issues that the developed world are mostly contributing to.

I felt a deep sense of equal parts resolution, anticipation and excitement as the stunning landscape of the Solomon Islands appeared out of my plane window. The bright colour palate of clear ocean blues and vibrant tropical greens was consuming, and it seemed astounding that just a few hours earlier I had been sitting in Brisbane among all that was familiar. When we touched down in Honiara, the capital of the Solomon Islands, I was met with a heavy humidity and what I found to be a very pleasant heat. As someone who spent most of my childhood in the desert I generally find a sense of easy comfort in warm climates. I love moving through a world where the air is the same temperature as your blood and the water is the same temperature as the sweat that eternally graces your entire body; there is no clear distinction as to where your body ends and the rest of the world begins.

I went through immigration and collected my bags, and got quite lost trying to find the domestic airport to catch my connecting flight to Gizo. A friendly local man showed me the way in the end – the domestic airport turned out to be the small building with the "green roof" at the end of the road and around the corner. With a complete absence of signage, I never would have found it by myself. This display of generosity and willingness to help, combined with what seemed like quite a random and difficult to navigate reality, was foretelling of the rest of my time in Gizo. Somewhat fortuitously the plane had been delayed and so I still had time to eat the sweetest and tastiest piece of pineapple before I boarded the tiny plane to Gizo with about 8 other passengers. After a short stopover in Munda we landed on another small island which is mostly an airstrip, about a ten minute boat ride away from the Island of Ghizo in the Western Province where I would spend the next month. It was likely an amalgamation of the already friendly people, the beautiful climate and the stunning natural surrounds that gave me a strong sense upon landing that I would really like it here.

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Gizo, Solomon Islands

Gizo Hospital is the second largest hospital in the Solomon Islands, located in the Western Province. It receives many patients who have travelled from surrounding islands, often presenting in advanced stages of disease, and refers patients to Honiara when a higher level of investigation or care is needed. The hospital was recently rebuilt after the 2007 tsunami with help from the Japanese government, and is generally well set up. However, it is also very resource poor, especially compared to Australian standards; imaging is limited to ultrasound or x-ray, the pathology lab often ran out of the reagents needed for basic investigations, pain relief and anaesthesia were limited and treatment options were often scarce. The hospital and staff functioned amazingly well within these resource limitations, and I was repeatedly impressed by the clinical acumen and skills demonstrated by the nurses and doctors.

There was a greater reliance on history and examination and entirely different expectations about outcomes. Not only did patients wait for many, many hours (or sometimes overnight) to be seen in the ED, they patiently tolerated more pain and more uncertainty than I have seen commonly reflected in medical culture in Australia.

I had organised for my placement to be in Obstetrics and Gynaecology but quickly realised that the hospital, being relatively small, did not always function as discrete wards. There were anywhere between 1 and 4 doctors in the hospital at any one time, and while they often each had a ward they were responsible for, the nature of doctor availability meant that often the doctors worked everywhere in the hospital depending on where they were most needed. Generally, there is a doctor from St Vincent's, NSW, who works in the Emergency Department (ED), but for the first 3 weeks of my placement there was not and so the local doctors covered the ED in addition to the wards. Thus, I spent time in the Maternity Ward when there were patients there, but I also spent a lot of my time in the ED and theatres. This allowed for a very varied and worthwhile medical experience, and I felt that it more genuinely reflected the kind of work that the doctors there undertook. Each day was therefore a combination of rounds, seeing patients in ED, assisting in deliveries, or assisting/observing in theatres. The doctors and all the other staff were incredibly welcoming, hilarious, and friendly. It was always such a positive learning environment, and there was less of a sense of the hierarchy that is often pertinent in Australian hospitals. I felt that my opinion and input was considered and that there was a genuine respect for everyone working together to achieve the best outcomes.

When we were in the ED we would take a patient who had been triaged by the nurses, and do a full history and exam before deciding which investigations to order. We would then either take the patients' blood and order the tests, or take them to imaging, and then follow through on the results. Once all this work up was done we would present the patient to one of the doctors, who would then go through our work, speak to the patient again themselves and re-examine them, and advise us on our differentials and management.

While it initially felt like a steep learning curve, it was immensely satisfying to follow a patient all the way through from presentation to admission or discharge, and to participate in all the steps along the way with a balance of safe autonomy and supervision.

Pidgin is the main language spoken in the Solomon Islands, and I found the language barrier to be more of an issue than I had initially anticipated. While I did my best to learn useful phrases and words, I sometimes relied on other members of staff or locals to help me translate. The experience made me thoroughly appreciate how fundamental language and communication is in human interaction and in medicine, and I was grateful for those who were able to facilitate my communication with patients.

We saw a diversity of cases, including classical tropical disease medicine like malaria, dengue, TB and infections, and also a variety of paediatric, obstetric and gynaecological cases. The combination of often poor health literacy and numerous barriers to accessing healthcare meant people often presented in quite advanced stages of disease. One particular case that stuck with me was a young woman who presented feeling generally unwell with anorexia, weight loss and abdominal pain. She looked very sick and had a palpable mass, which turned out to be metastatic melanoma. Palliative care was the only option available for her. There were also cases of women with pre-eclampsia who had neurological signs, and a child with a terribly infected corrosive chemical burn resulting from the application of a topical homemade medical remedy. There was a great group of other medical students, all from Sydney University or UNSW during my time there, and being able to discuss our experiences together was something I valued highly.

the malaria lab – always in action

The nurses at the end of an outpatient clinic – run from inside the hospital

the front of Gizo Hospital

The main street in Gizo

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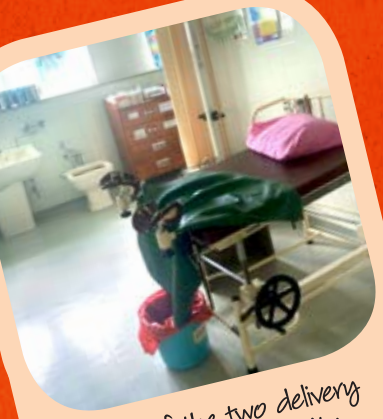
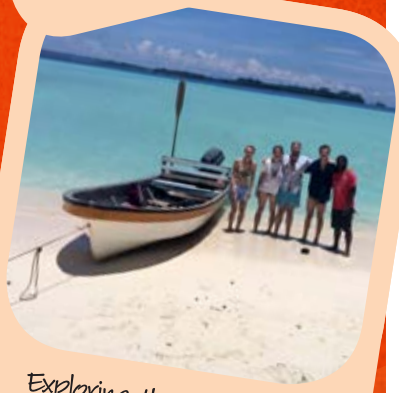


One of the two delivery rooms in maternity



Exploring the surrounding islands with the hospital boat on the weekend

The beautiful pristine rainforest while hiking up to Mt Veve summit at Kolombangara

Gender inequality is profound in the Solomon Islands, and women are often structurally and socially subjugated. The rate of sexual and family violence is one of the highest in the world[1], and the level of autonomy for women, financial or otherwise, is extremely limited. It was perhaps for these reasons that obstetrics in Gizo seemed particularly rough. Women often have many babies, with each pregnancy and delivery exposing them to health risk and pain. Women also overwhelmingly bear the burden of contraception, which in the Solomon Islands is predominantly bilateral tubal ligation, a procedure done in Gizo using only local anaesthetic in the incision site and rectus sheath. This procedure was done on every theatre list I saw, and I had the opportunity to assist. I was impressed by the doctors' ability to perform this procedure quite quickly and through a single small incision, but even more so I was floored by the stoicism of the women who keep still and largely calm while undergoing a procedure which is done under general anaesthetic in Australia. For context, 45% of women in the Solomon Islands using contraception have had a bilateral tubal ligation, compared to the 1% of men who have had vasectomies[2].

The expectation that women endure pain is also reflected in the childbirth experience where, as far as I saw, no pain relief was ever available or offered. I was particularly saddened by a case where a woman delivered a breech baby vaginally; after enduring a hugely tough prolonged active labour, the baby died of hypoxic injury. It was a stark reminder of the fact that childbirth is still a dangerous event in many parts of the world, and outcomes are much more sobering without access to CTG for foetal monitoring or ready access to caesarean sections.

My time in Gizo outside of the hospital was also highly fulfilling. It was so wonderful to spend weekends and afternoons snorkelling and swimming (and doing my first ever dive!) in astoundingly beautiful waters, discovering an array of life in the ocean, the diversity and extraordinariness of which I had never been fully aware existed. Spending time in nature reminds me of how sacred it really is, and I often felt in awe of the beauty of our world, and simultaneously distressed by the extent to which we threaten it. Even in these most beautiful, pristine of oceans there was a steady presence of plastic and cans; without adequate waste management in the Solomon Islands rubbish continues to be a major public health and environmental problem. While in Australia we dispose of our waste to less visible and thus less confronting places, we still consume in similarly destructive ways and support industries who continue to produce waste at a prolific rate.

A highlight of my time in Gizo was visiting Kolombangara Island on a weekend, and walking up to the summit of Mt Veve in the company of two of my great friends, a volunteer couple and two local guides. Kolombangara is a stratovolcano which, having never been part of another continent, is home to some species which are not found anywhere else in the world. Much of its dense and pristine rainforest is also higher than 400m altitude, which means it cannot be logged. Kolombangara is rich in colour and life, peaceful in its serenity and loud in its song of the various creatures that live there, and largely untouched by humans. Sleeping outside in that stunning wilderness was a part of the Solomon Islands, and indeed a part of the world, that I will never forget. While relationships with people within life and medicine makes me feel incredibly human, so does intimacy with nature, and I find immense soul nourishment through both of those things. So much of the fun I had in Gizo was made greater by the friends I had to explore and to laugh with – whether it be while riding in the backs of trucks over bumpy roads to visit villages, walking aimlessly (or sometimes with great purpose) through the markets, trying to communicate in broken Pidgin, playing highly competitive badminton, or simply sitting around reading and swimming, in solidarity as we all tried not to get doxycycline burn from the equatorial sun.

I spent most of my time in Gizo living in the Catholic compound with the other medical students, which in addition to being highly friendly and comfortable offered another angle of insight into life in the Solomon Islands, where religion is a fundamental part. There were daily services which were always filled with harmonious singing and colourful clothes, and a constant stream of activities and people meant there was a palpable sense of community at all times. I appreciated the opportunity to observe, even in a superficial sense, the importance of religion to many Solomon Islander people, and I tried to consider this as much as I could whenever I was attempting to understand peoples' relationship with healthcare and life more generally. Of course religion in the Solomon Islands is not limited to Catholicism or the other Christian denominations, but also involves strong and longstanding belief systems and spirituality that existed long before Christian missionary influence. I very much enjoyed learning about these beliefs whenever possible, and spent a long time pondering the intersection between these different religions and considering the ethics involved with missionary work.

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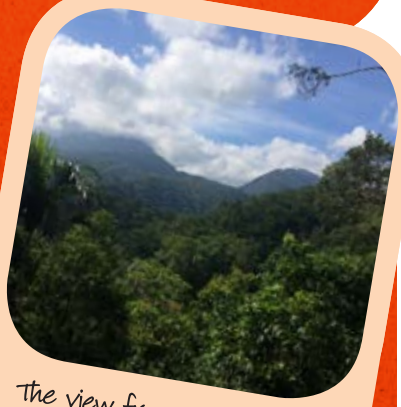
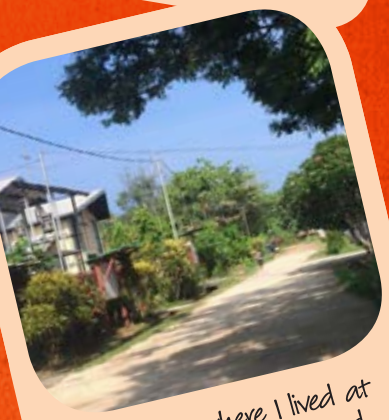


The view from Imbu Rano lodge at Kolombangara



The street where I lived at the Catholic Compound

Fresh fish at the markets – about $5 AUD for one of the medium sized fish

Coconut water everyday – about 50c AUD per coconut

I also spent considerable time pondering the ethics of undertaking an elective in a developing world, resource poor setting. As a student I do not overestimate my usefulness or skill level, and I was aware that as someone who requires supervision I could easily be more of a liability than a help to an already strained health system. From my research Gizo Hospital seemed well set up and accustomed to taking medical students, and I felt confident that by committing myself to being useful wherever I could be (e.g. assisting in surgeries and writing admission notes) and not undertaking tasks I would not be qualified to do in Australia, I could have a meaningful and ethical learning experience. I was thrilled to be a recipient of an MIGA Elective Grant, because it enabled me to give something tangible back to a community that I was so grateful to be welcomed into and which gave me so much in terms of my own education about medicine and the world. With the Grant, I was able to purchase an ophthalmoscope, otoscope, stethoscope, gloves, thermometers and two pulse oximeters, one of which is for paediatric use. While I chose these items after discussing directly with staff there about what they most needed, it was surprisingly complex to ensure I bought things that were realistically usable in that particular health setting and did not require excessive batteries or rechargers.

When I reflect on my time in Gizo I think of fresh fish from the markets caught minutes earlier by local people from the surrounding waters; of pineapple and coconut and vegetables all sustainably and locally sourced; of dancing in theatres with scrub nurses; of water and sun and boats, of nature and people and the joy that both bring; and of the complexity, fulfilment, and emotion entrenched in medicine and in life that I can't wait to keep discovering.

References

1. Ming MA, Stewart MG, Tiller RE, Rice RG, Crowley LE, Williams NJ. Domestic violence in the Solomon Islands. *Journal of Family Medicine and Primary Care.* 2016;5(1):16-19. doi:10.4103/2249-4863.184617.
2. Family Planning 2020. Solomon Islands [Internet]; 2018. [cited 2018 Mar 11]. Available from: http://www.familyplanning2020.org/entities/133