

Elective Grant Report



Me on the general medical ward

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As part of my final year of medical school, I spent six weeks between May and June 2015 undertaking a tropical medicine elective at Bairo Pite Clinic (BPC) in Dili, Timor-Leste. It turned out to be the greatest and most rewarding experience of my entire medical degree.

A former Portuguese colony, Timor-Leste, or East Timor, is a tiny nation only an hour's flight from Darwin that until very recently was neglected, then exploited and ravaged by developed countries. Notably, the Indonesian invasion and occupation lasted for 20 years and resulted in genocide of over a quarter of the Timorese population. In 2002, Timor-Leste finally gained independence and have been rebuilding their nation ever since. Given my dual Australian and Portuguese nationality, I felt especially drawn to Timor-Leste, a place where both countries have played such a significant role in its history and present day development.

The Clinic is located in Bairo Pite, a suburb of Dili, the capital of Timor-Leste. American medic and humanitarian Dr Daniel Murphy established the Clinic in 1999 when he arrived in Timor-Leste amidst turbulent conflict to provide much needed medical assistance. Still under his leadership, the Clinic today provides completely free and accessible healthcare to the Timorese people and relies solely on voluntary contributions. The Clinic has 50 inpatient beds, delivers upwards of 100 babies per month, offers a small accident and emergency facility and runs specialty wards for malnutrition and tuberculosis (TB). In addition, Dr Dan sees approximately 300 patients successively each day, meaning he has conducted over 1 million consultations since his arrival to the country.

A typical day at the Clinic meant arriving to 50 patients already queuing to see Dr Dan.

We would print the patient list, grab our masks and stethoscopes and meet Dr Dan at 8am. He would give a 10 minute discourse about current news, something that happened overnight, or a story from his past; always very inspiring. When I arrived, there were three doctors and seven medical students. Towards the end of the elective there was only myself plus two doctors, which made for a very different experience.

Ward rounds started in the maternity area where we'd perform checks on mothers and all babies born in the last 24 hours. Next we would move to the suspected TB ward: here patients who had histories or examinations suspicious of TB awaited sputum culture results to determine whether they were infected - face masks were always worn! Sputum positive TB patients went to a sanatorium-type treatment facility called Tibar to receive 6-8 months of oral antibiotics.

The general medical ward (aka baixa) has 16 beds for patients with absolutely anything. This was the most Clinically interesting ward. Isolation rooms were usually reserved for AIDS patients, those with significant neurological disease or psychosis. We would finish in the malnutrition ward; amazing Timorese volunteers who follow a brilliant protocol run this ward. Kids have strict play times, strict meal times and are rewarded for weight gain.

Straight after the ward round, Dr Dan goes to see his 300 daily patients – a volunteer will frequently come to find a medical student if Dr Dan wants to show us some interesting pathology in his room.

Leprosy, a critically unwell baby (to be admitted as an emergency), 'cretinism' (congenital hypothyroidism), scabies, a hydatid cyst in the liver, and plenty of loud heart murmurs were all conditions I was called in to see throughout my six weeks.





Some local boys at a bus stop



Atauro Island



Drugs stored in the nursing station

Afternoon jobs were extremely varied. We started by sorting out all the new patients and determining their best management. Students do this alone and run their plan by the volunteer doctors. History and examinations could not be done without the help of the local volunteer translators, which facilitate much of the practice at the Clinic. Patients present all throughout the day to the small emergency department. Other jobs include point-of-care testing for malaria, dengue and HIV, chasing laboratory results sent back from the National Hospital, researching solutions to difficult Clinical problems and giving blood.

Another important job is escorting patients to the National Hospital for outpatient Clinics, x-rays or to the emergency department. You are often their only advocate and speaking Portuguese assisted me with this. It was so frustrating dealing with the bureaucratic inefficiencies of the hospital, but it was an important student role as you made a significant difference to individual patient outcomes.

Dr Dan finishes at around 6pm, and we wait for him in case any more new patients arrive and require admission. We worked seven days a week with Sunday afternoons off and rotated days off to go exploring when there were extra medical students.

In my free time, dinner was usually shared with the doctors, students and other friends not working at the Clinic. We spent many afternoons at the local beach drinking coconuts and lying on the sand. The water was lovely at high tide, but there was a crocodile spotted a few weeks before I arrived so I was always slightly on edge when swimming. One weekend we visited Atauro Island, an idyllic paradise only two hours on the slow ferry from Dili that has the most amazing snorkeling and hiking. Truly something not to miss when in Timor-Leste.

Difficulties I faced during my elective included managing the night time safety in Timor-Leste; it is not safe to walk at night, especially as a female and especially not alone. To make things even trickier, taxis do not operate at night due to a spate of rock throwing. However, the greatest difficulty was dealing with the inequity of healthcare.

Whilst only a one-hour flight from Australia, the disparity in resources between the two countries is absolutely astounding. There was no functioning CT scanner in the entire country during my time in Timor-Leste.

Patients die every day from conditions that would be easily managed in Australia due to our resources. There is a constant battle by the passionate and dedicated staff at BPC to advocate for patients to be sent to Australia for tests or treatment, funded by organisations such as Rotary and the East Timor Hearts Fund.

The death of a 10-year-old patient really affected me. She had walked four hours from her mountain village to attend one of the BPC outreach Clinics and was suffering from severe TB and malnutrition, a pretty deadly combination. She was admitted, and after two weeks we saw a major improvement, but one day her condition suddenly plummeted. We carried her in our arms to the ambulance but she died a day later at the National Hospital - likely from haemorrhagic dengue. It was quite devastating for those of us involved.

Overall I gained so much from my elective. The people I met were seriously amazing, most significantly the other volunteers but also other expats working in Dili all in projects working towards social justice and development.

I had the opportunity to see incredible pathology and be involved in life-threatening emergencies. I was involved in an upper airway obstruction that almost went to a tracheostomy, obtunded CNS meningism in a child, and floppy newborns that wouldn't breathe. I also saw a vast array of TB presentations, end-stage AIDS, hydrocephalus, strokes and a range of trauma to name a few. It was a great experience to go on the outreach Clinic seeing remote mountain villages and how the people there live.

I had the chance to develop my Clinical skills without relying on investigations – often we would only be confident of a diagnosis if our empirical treatment had worked. I gained a new found interest in working in developing countries. I will definitely be back to Timor-Leste – I fell a bit in love with the place. It was such a rewarding experience with very few challenges that were far outweighed by the number of positives. The local staff at BPC made me feel so welcome, they work so hard and make a huge difference to the health and wellbeing of the Timorese population. It was inspiring to be a part of their team and I hope they will have me back again in the very near future.

During my elective, I decided I wanted to develop a sustainable initiative that could have a long-term and positive impact on BPC's work and the community at large. A condition that I witnessed countless times at the Clinic was scabies, a skin infection caused by a mite that burrows beneath the skin, lays eggs and causes profound itching. The itching often leads to a breach of the skin barrier, resulting in potentially devastating complications such as heart valve pathology, kidney disease and sepsis. The majority of the Timorese population live in remote and isolated villages in the mountains, sometimes requiring people to walk for hours just to reach the mobile outreach Clinic coming from Dili. It is in this context that we witnessed entire villages rampant with scabies.



Two children in the malnutrition ward



Myself and volunteer Dr Rob with the local BPC nurses



Dili foreshore at sunrise

Luckily, a number of highly effective and economically viable topical agents to treat scabies exist. The bad news, however, is that like many other resources, the treatment (one being benzyl benzoate) is more often than not unavailable due to a lack of funds. Successful eradication involves treating entire villages, however that requires a very large amount of topical treatment. With the generous Medical Support Grant from MIGA and help from the BPC pharmacist Ianacio, we sourced the cheapest available benzyl benzoate from India at \$20 per litre, meaning over 1,000 people can be treated. I also created posters in Tetun (the local language) to explain what scabies is, how it is transmitted and how to effectively apply the treatment for successful eradication, which will be displayed in the local district health offices.

Thank you to MIGA for funding this amazing initiative. For any medical students considering a similar elective, I could not recommend the experience more and guarantee it will be the highlight of your medical training.

Each year MIGA's Elective Grants Program offers 6 Grants of \$3,500 to medical students undertaking electives in developing communities. Each Grant includes \$2,000 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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