

Doctors in Training Grant

FINAL REPORT



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Neonatology Mission through Médecins Sans Frontières

Peshawar, Khyberpakhtunkwa Frontier Region, **Pakistan**



Six months practising neonatal medicine in the frontiers of Pakistan was always going to come to an end. The dusty outlines of the mountains separating us from Afghanistan only emerged from the smog a handful of times during my stay. The time had come to say goodbye to the Médecins Sans Frontières (MSF) Peshawar Women's Hospital that had been my work and my home for the past six months.

Since 2011, the hospital had treated so many mothers and babies in the challenging Northern Pakistan Frontier, home to 2.7 million displaced people from Afghanistan and the surrounding tribal areas of Taliban controlled Pakistan. The previously vibrant white and red MSF t-shirt I wrote about only a few months earlier is a different shade now and in need of a wash! This t-shirt seems like a metaphor for my experience. The end of a challenging experience can be both exhausting and invigorating. The fuel tank may be empty but the soul feels full. The rollercoaster of a humanitarian worker's experience can come full circle and you can get off the ride (in Paris with MSF!) with a smile on your face.

Goodbyes also proved to be harder than I thought, with some really touching moments. I thought many of the 25 conservative (largely Muslim) women may have found those moments as difficult as I did, but they expressed more emotion and affection than I'd anticipated. Interactions between men and women can be complicated by culture in this part of the world. When I arrived many of them were very worried about how they could interact with a male paediatrician and how the situation may have been viewed at home. By the end of my experience, I even got a series of hugs and some touchingly thoughtful tokens of appreciation. These thoughtful expressions of appreciation will stay with me forever.

At the start of the experience I felt like many of the challenges and lessons would be clinical in nature. Looking back I learnt more about team management and service improvement than I ever thought possible. I wasn't prepared for managing a large team, let alone the challenges of hiring, firing and disciplining staff, but my German nurse sidekick was a rock on whom I could lean. Her ability to motivate our team was magic.

In a place of limited physical resources, I learnt that human resources are by far the most powerful. Empowering staff (particularly local women) to learn new skills and take pride in the practise of their work is where you can make the greatest lasting difference.

This is especially true in a part of the world where simply being born a woman brings with it inherent lifelong struggles, so much so that women don't even make up close to half of the population due to selective birthing and rearing practices. The sex ratio disparity is as high as 118% towards males in certain parts of the Tribal Areas of Pakistan. Despite these disparities the strength and courage of some of the mothers and female staff that made our facility special was inspiring. One particular story illustrating this stuck with me.

If Peshawar had a baseball team it would most definitely be called "The Twins" because unregulated fertility medicine has made multiple premature births a regular reality. I remember one birth where one baby was coming head first and the second one breech. The first baby came into the world with a scream and pink skin, a sigh of relief and not much to be done to the beautiful little girl on my behalf. The second didn't follow the script and decided not to appear due to a placenta blocking the way. Before the mother could even gaze over at her first born, she was wheeled away to a fate of Ketamine and green drapes. With sweat on brows and pulses racing, a little boy came into the world – just as beautiful as his sister. Unfortunately his wasn't the racing

No matter the limited resources, there's always paperwork!

pulse, and despite our best resuscitative efforts did not survive. In the haze of a Ketamine awakening, the mother was crying out almost nonsensical phrases of panic for the fate of her tiny ones, but she wouldn't remember this part and perhaps not even the first cry of her baby girl.

The next morning I was greeted with the feisty screeches of a girl (feather weight fighter) hungry to continue this start to life. I remember soon after followed a procession of family and much commotion. Convincing families to invest in the future of an underweight female baby that needs tender care and time to grow was a regular challenge – a quick getaway with a small baby in a blanket was an all too common occurrence. Hasty decisions could often be calmed by the shaking of male hands, the nodding of heads and sitting down. The mother is usually present but remains quiet at the back. This time the male attendant made it clear that if we couldn't save the boy, then he had no faith that we could look after the girl. He said the mother did not want to see the girl and that the girl was not worth the hardships of a long hospital stay. Potentially the poor baby didn't even make it home, with so many girls in this part of the world finding their fate under turned earth. The strains on a mother/family unit of nursing a premature baby to a (potentially) healthy future is significant here and I rarely begrudged the survival instincts of a local family, but I remembered begrudging the calculating lack of emotional connection to a life. It's just such a crying shame that if the male baby had been born first in this situation, that this mental calculation would have been reversed. What is even sadder is that even if they had chosen to invest in the life of the female baby, she would only have a 3% chance of learning to read and write in the tribal areas.

At times my final month in Peshawar was pretty tough and very exhausting, but reaching the finish line allows time for reflection on some of the successes that came from the 600 or so babies under my care during this time.

I will have to return to Pakistan and scale (or even see) some of its famed peaks and stunning valleys. Performing humanitarian work in a challenging security context is not the ideal way to get around and see a country! Even the Khyber Pass (a mere 30 minute drive away) proved too remote and too dangerous. Sometimes the fragrant local restaurant on the next corner proved a journey too far. I have learnt so much about local customs and culture from my colleagues and the mothers of my patients. We live in a time when our television screens are often filled with messages of fear and suspicion. The melting pot of Northern Pakistan taught me so much about the diversity of beliefs and religious practices that exist in parts of the world and the politics of insurgency.

After this experience I will never underestimate the power of physical freedom and simply walking through an Australian park without a care in the world. Re-entry into a professional life in Australia has its own challenges after a humanitarian experience, however I can only feel that every challenge makes you a stronger, more resilient clinician. Pushing yourself into areas you are not comfortable in, learning a new discipline or furthering your development and study are that much easier after such an experience. For me, Pakistan will lead to remote Australia, to London and then I'm sure back for another humanitarian experience. I would encourage all young Australian medical staff to consider embarking on a humanitarian mission to further yourself personally and professionally, you won't regret it!



Somewhere in there is a premature girl with a fighting spirit

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