

# Doctors in Training Grant

## PRELIMINARY REPORT



An underweight premature baby enjoys some time with me away from the crib

### Dr Thomas Volkman

Neonatology Mission through **Médecins Sans Frontières**

Peshawar, Khyberpakhtunkwa Frontier Region, **Pakistan**



I had been fascinated with the idea of humanitarian work for years before stepping off the plane in Pakistan. I wore the white and red t-shirt of Médecins Sans Frontières (MSF) I had pictured myself in for so long. That relief and trepidation was replaced by the dusty, cold air of Peshawar, and the faint outlines of the mountains between us and Afghanistan.

This land has been full of political turmoil and displaced populations of unimaginable scale for most of MSF's 30 odd years of operating in the country. However smiles seemed to emanate from street corners despite the constant threat of violence. Immediately before my departure this was heightened by the news of the tragic school attack that had haunted my last few nights in Australia, shaken a community to its core and taken 132 children's lives.

Almost surprisingly, I found a hospital with a calm and orderly courtyard full of colourful robes and relaxed welcoming staff. Being one of the only male staff in a 150 strong hospital wide team was daunting at first, but with help of the common cultural touchstone of discussing cricket and nauseam, I felt at home quickly. However I was under no illusions as to the cultural challenges of operating as a male doctor in a maternity hospital. Sporting a newly grown beard and dressed in the local Shalwar Khameez, many of the Pakistani staff say I look like a local Pashtun man; I feel anything but local but I appreciated the sentiment.

My predecessor looked exhausted when we handed over the work role, but her face still had an effervescent smile. I could see she was ready to return home, but was proud of leading the 25 strong neonatal team of nurses and junior doctors helping 18 babies to thrive every day. I remember some feelings of trepidation at the task at hand but along with my German neonatal nurse counterpart, we felt ready for the challenge. The need for a sanctuary of nurturing in this disadvantaged and displaced community was palpable on our arrival. Neonatal and maternal outcomes in Pakistan are some of the worst in the world and while our team and project felt small, it was targeted at making a difference.

The MSF Peshawar Women's Hospital has been established since 2011 to treat maternal and child health for the internally displaced people from tribal Pakistan and the 2.7 million Afghan refugees on this side of the 'border'. It is a small operation and is only chipping away at a tiny piece of the problem. Australia's neonatal mortality rate is 2/1000 and Pakistan's is 44/1000, on par with Somalia at 46/1000. This is a function of many differences in the access to medical care and the empowerment of women in this area. There are also many childbirth practices that lead to increased baby mortality which I would never encounter in Australia. The percentage of newborns requiring resuscitation after birth to survive is much greater than I'd seen at home. Our newborn unit is 18 beds strong and we accept the care of babies from projects on the Afghanistan border and some of these tiny babies travel 5-6 hours to be admitted with us. Our smallest baby during my first week was 800 grams and just in my first week there was a set of 900 gram triplets to fill up our unit. Mortality is a very challenging thing to cope with and we lost babies in my first few days in charge of the neonatal unit. During the early stages of the mission one of the goals is to decrease the mortality rate and our team is beginning to achieve that goal. By the end of the mission the goal will be to improve the capacity and size of the newborn treatment unit.

The immediate family of these babies often cannot emotionally, physically or monetarily afford to be so far away from their homes during this important period. This leads to many leaving against our best advice which is frustrating and disheartening. Many babies are born with congenital malformations and undeveloped organs that need surgery to survive, some of which would be routinely provided in Australia.

The main problems we face are the challenges of treating pre-term babies who are born underweight and underdeveloped. The process of growing and strengthening their bodies to a state of being able to survive outside the hospital environment takes weeks to months depending on how early they were born.

One baby was born with an opening in the abdominal wall leaving the abdominal organs exposed to the outside world. This baby fought hard and had a family with unending love, but the resources to provide this level of surgery does not exist for so many of our babies of refugees or displaced people.

*Seeing babies succumb to readily treatable conditions is challenging for all of the team involved in their care. Unfortunately in Peshawar armed with 5 lab tests and my limited clinical hands, I'm lucky to come up with a diagnosis and then have nowhere to send the baby for future care.*

Neonatal tetanus is a scourge that blights much of the developing world but is unheard of in countries such as Australia. Many babies contract the infection through poor hygiene practices in the cutting and care of their umbilical cord. The infection can leave them with severe uncontrollable spasms which can stop them breathing. It is a terribly difficult disease to treat but we have still seen a couple of survivors.

However, this experience and these stories will stay with me through much of my professional and personal life. The expectations and trepidation stepping off the plane have been replaced with new skills, professional confidence and a sense of resilience. Facing new challenges reinvigorated my love for the craft of paediatrics. Hopefully the future will hold many experiences and challenges like this for me.

Now I know how well a series of varied training experiences in Australia can prepare a young doctor for the rigours of an overseas humanitarian mission. In this competitive age filled with the 'fear of missing out', it can be easy to stay on the path well-travelled. I say to everyone reading this report, if you have the voice inside you, just say yes.



The beanies are hand sewn by expat staff and help to keep the premature babies warm but Mum's colourful embrace works best

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