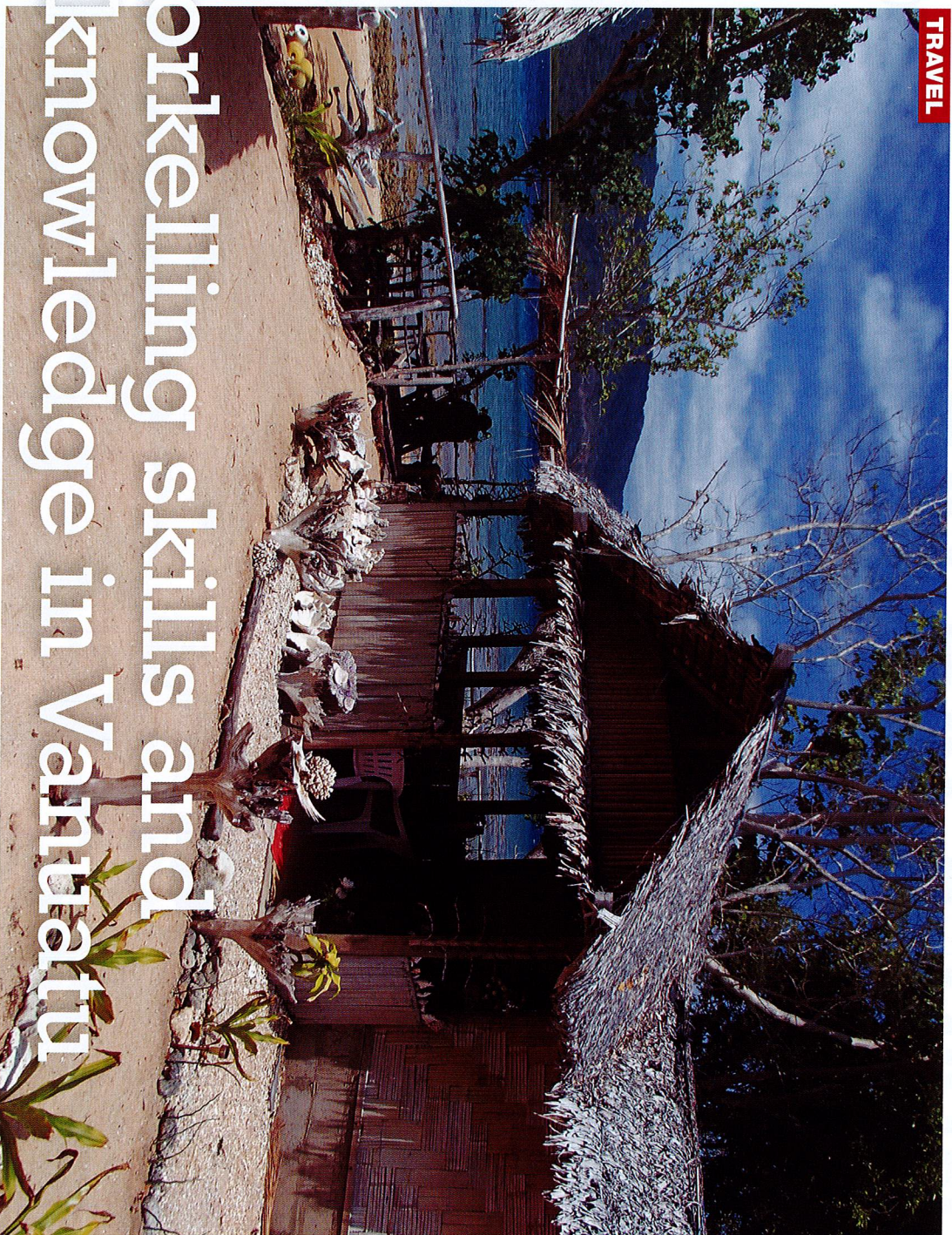


TRAVEL



Hamilton GP and occupational physician Mehboob Kahan spent two weeks in 2016 working at a remote hospital in Vanuatu

Watching a pod of dolphins jump playfully in front of our boat is a lovely way to spend the weekend away from our working stint at Norsup Hospital in Vanuatu.

Three of us have come to work with the Butterfly Trust, a small Kiwi aid organisation focusing on health and education on the island of Malekula.

Malekula is the second largest island in the Vanuatu archipelago. It has a population of around 30,000 people but has not had a permanently resident doctor for over seven years.

Malekula is off the tourist radar and has little income from this industry. Most of the islanders are in villages and live off the land. Electricity is a limited resource, cell phone cover is okay but 3G is intermittent,

Testing snorkelling skills and empirical knowledge in Vanuatu

accommodation is basic and the first 12km of sealed road on the whole island is being created by the Chinese as I write!

I spent two weeks at Norsup Hospital in 2015 and loved the experience. In 2016, I returned accompanied by another GP, Michael Brewer of Motueka and his wife Sarah, who has experience in medical administration.

The staff are lovely – cheerful and keen to learn. As there is no regular doctor at the hospital, the place is run by nurses and midwives who are very competent at the procedural aspects of medicine, for example, putting in IV lines and doing deliveries. The inpatients are a mixture of paediatric and medical patients as well as some orthopedic cases.

The hospital at Norsup has six junior nurses, eight senior nurses, three midwives, a tuberculosis technician, two lab technicians, three malaria technicians, a radiographer and a pharmacist. Any high-risk deliveries are sent to Port Vila so this minimises the need for urgent caesarean sections.

Commercial flights to Vila occur twice daily, and specialised medical evacuation flights can be organised.

Our day starts with a ward round and, one morning, we saw a 70-year-old woman who had been brought into hospital as she could no longer speak. We made a provisional diagnosis of a stroke affecting the Broca area. There was little else that could be done to clarify the diagnosis. There are no MRI or CT scans available in all of Vanuatu.

In fact, when it comes to diagnoses, the tests available here are limited – FBC, ESR, Ziehl-Neelsen stain for TB, microscopy and rapid diagnostic tests (RDT) for malaria, x-rays, urine analysis and serology for hep B/ HIV/syphilis. This leads to very heavy reliance on clinical skills and empirical treatment.

One case I saw in 2015 was a girl aged seven years who came in with a history of falling off a chair eight months ago. She had walked well after this but had since developed weakness in her legs.

Examination revealed marked bilateral hypotonia, decreased reflexes and downgoing plantars. Her mother had had TB four years previously. An x-ray of the lumbar spine revealed sclerosis of L4/L5 disc space. Unfortunately, no sputum could be obtained for TB testing. We decided her symptoms could be due to TB of the spine; a decision was made to treat empirically (there are good guidelines about what to use).

It was heart-warming to hear she was walking a few weeks later.

Following on from the morning ward round, we help out at the outpatient clinics. The commonly seen conditions here are respiratory tract infections, TB, abscesses, gastroenteritis, back injuries, fractures and malaria.



As visiting doctors, we are rarely even asked about the malarial cases, which are relatively easy to diagnose with RDTs (similar to those used for pregnancy testing), and there are well-prescribed treatment guidelines.

One of the nurses has had some anaesthetic training and is good at using ketamine to allow fracture manipulation on site.

The afternoons are spent mopping up anything left over from the morning clinics, and presenting talks to the nurses and midwives on topics they are interested in.

Any form of ongoing CPD is very difficult in this isolated setting and we presented talks on a range of topics from diabetes to antepartum haemorrhage.

The day usually finishes with a quick snorkel on the reef just across the road from the hospital and a chat with some of the hospital staff as they begin their evening commute home in a dugout canoe to the small island that lies a few 100 metres offshore.

Our weekend was spent in a perfect Pacific island retreat – pandanus-thatched huts on a white sandy beach, snorkelling with our host to see turtles and catch an octopus for dinner, great local food and lovely conversation with our hosts generously sharing their home with us.

Nanwud Bungalows on Uri Pev Island comes highly recommended. Tourism is in its infancy on this island, but there are other weekend activities available. There are mountain bikes to hire to explore further afield, and a guided walk to a waterfall and three to four-day treks if you fancy something a bit more adventurous. For me, it has been a great way to have a taste of third-world medicine on my own back doorstep. ■

The Butterfly Trust is keen to hear from doctors who are available to volunteer for short stints (four weeks' minimum) in this area but would particularly like to have doctors for longer periods. Email david.lynn@butterflytrust.org for further information.



Top: Nanwud Bungalows on Uri Pev Island provides a weekend retreat for visiting health staff.

Above: The hospital day starts with a morning ward round.

Above left: Braving the locals on the way to our evening snorkel!

Right: Plastering a fractured tibia.

Below right: Afternoons are spent presenting talks to the nurses and midwives on topics they are interested in.

