

# Andrew Dent Scholarship Report

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In October 2024, I had the privilege of completing my final medical placement in Port Vila on Efate Island, the capital of Vanuatu. Vanuatu, a small nation consisting of 80 islands and a population of just over 300,000 people, is primarily served by Vila Central Hospital (VCH), the largest referral hospital in the country. My four-week medical elective at VCH was split between the Emergency Department (ED) and Anaesthetics/Surgery. This immersive experience provided invaluable opportunities to refine my clinical skills while gaining insight into the unique healthcare challenges faced by a developing nation.

## First impressions

Despite the mere 5-minute walk to the hospital in the early morning sun, I arrived at VCH drenched in sweat with my fellow colleagues. As we walked through the local village, we were met with a chorus of “Hello’s!” and “Good day” from the locals, reflecting the warm and friendly nature of the ni-Vanuatu people. Upon entering the hospital, I was immediately aware of the contrasts between VCH and what I had come to expect from



Figure 1- First day at VCH with fellow colleagues

hospitals in Australia. While VCH was functional, it was visibly under-resourced with a noticeable lack of modern infrastructure and medical technology. Nevertheless, I quickly came to appreciate the resilience and adaptability of the medical staff who consistently made the best use of available resources to provide care for their patients.

## Emergency Department

My first two weeks in ED were an intense but highly rewarding experience. It was often busy with a wide range of cases ranging from trauma and infectious diseases to chronic conditions such as diabetes and asthma. With no access to CT and limited x-ray and ultrasound capabilities, many decisions were made based on clinical examination, lab results, and basic imaging, which forced me to hone my diagnostic skills and think critically about every piece of information available.

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At a local level, Vanuatu's healthcare system relies heavily on clinics run by nurses (essentially the equivalent of GP practices in Australia). Due to the shortage of doctors and limited resources at these clinics, many patients would often present to hospital when seriously unwell, and often too late. One memorable case involved a lady with low back pain and a history of constitutional symptoms. I initially considered malignancy, only to be advised by the local doctor that it was more likely tuberculosis that had spread to the spine- a differential that I wouldn't have considered back in Sydney. This underscored the importance of adapting my clinical reasoning to the local health concerns in Vanuatu while also adjusting to their healthcare system.



Figure 2- ED team consisting of Dr Sarah, Marian (CNE), Dr Josefa, Dr Neal, myself, and Jett



Figure 3- ED Resuscitation bay

Asthma in Vanuatu is of particular concern, likely linked to widespread use of open fires for cooking and waste disposal. This was reflected in the fact that ED has a designated section for patients to self-administer salbutamol for their asthma attacks. Due to limited resources, water bottles were used in lieu of spacers while Hudson masks were washed and reused daily. Preventers such as inhaled corticosteroids were often

unavailable, and patients were frequently admitted for each individual asthma attack, highlighting the critical need for improved preventative care and public health measures.

On another note, I was struck by the high level of family involvement in patient care. Relatives often accompanied patients at the bedside, bringing food, offering emotional support, and sometimes even acting as porters. Families would frequently camp out on the hospital lawns,

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coming together in prayer and support of their loved one. This deep-rooted cultural respect for familial ties created an environment where patients were not only cared for physically but also emotionally, which was truly heart-warming to witness. Before the ED opened each day, patients in the foyer would also come together and sing prayers, creating a sense of community and mutual support, which was humbling to experience.

### **Surgery and Anaesthetics**

For the second half of my placement, I rotated through Surgery and Anaesthetics where I gained invaluable exposure to both elective and emergency cases. The lack of access to advanced technology, such as laparoscopic equipment, meant that surgeries were often performed using a more traditional, open approach. Common laparoscopic surgeries in Australia, such as appendicectomies, cholecystectomies or hernia repairs, were all performed through open incisions, providing me with a deeper appreciation of the anatomy and offered me a different perspective on the same procedures.



*Figure 4- Chinese anaesthetics volunteering team*

Another major difference in Vanuatu was the scope of the surgeons. In the true sense of the word, 'general' literally meant everything as there were no subdivided specialities. I witnessed the same surgeon perform an exploratory laparotomy on a 3-month-old baby with intussusception, followed by a tendon repair of the index finger of an elderly gentleman, a skin graft on a 7-year-old with burns, and the removal of a rebar in a young man's chest following a fight. The breadth of surgical expertise demonstrated by the surgeon was impressive, especially considering the limited resources available. However, it was also apparent that many of these surgeries could have been avoided with access to better equipment. For instance, the infant with intussusception would have benefited from pneumatic reduction via an enema- the gold standard in Australia- had the necessary equipment been available. The inability to offer such non-operative management was a reminder of the challenges faced by healthcare professionals in a resource-limited country and made me truly appreciate Australia's healthcare system.

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Currently, Vanuatu does not have universal healthcare and patients must pay for each hospital visit. Coupled with financial constraints and the sheer burden of travelling hours to a hospital, many patients only seek medical help once their condition has significantly deteriorated. This was particularly evident in diabetic patients with foot ulcers that had progressed to significant necrosis and required immediate amputation. Interestingly, from an anaesthetics perspective, many surgeries were conducted under spinal anaesthesia or regional blocks, partly due to limited anaesthetics options but also due to superstitions of the ni-Vanuatu people who believed that once they fell asleep on the table, they would never wake up.



*Figure 5- Jett, Elani (scientific anaesthetic officer), and myself*

The unavailability of total intravenous anaesthetics (TIVA), a common anaesthetic method used in Australia, meant that anaesthetists relied on ketafol (ketamine + propofol) preparations for induction and inhalational gases for maintenance. Monitoring methods were also limited, with anaesthetists relying on clinical signs and their experience to adjust anaesthetic agents accordingly. Despite these limitations, I was impressed by the skill and resourcefulness of the anaesthetists and surgeons in providing the best possible care for their patients. Their resilience, determination and dedication to their work was truly admirable and are qualities I hope to incorporate into my future practice.

### **Outside of medicine**

Outside of the hospital, my colleagues and I were able to experience all that Vanuatu had to offer. On our weekends, we explored the famous Blue Lagoon, swam with turtles, visited countless waterfalls and beaches, and had the chance to relax and recharge after four long years of medical school. We also went sailing, snorkelling, and scuba diving all while exploring the natural beauty of Vanuatu. Additionally, I had the chance to visit Tanna Island and see an active volcano, drink some local coffee and also try kava, a local drink ground up from the roots of the Piper methysticum plant for its relaxing properties.



*Figure 6- Welcomed with flowers on Pele Island*



*Figure 7- Scuba diving on Moso Island*

### **Conclusion**

Overall, my month-long rotation in Vanuatu was a profound learning experience that not only challenged my clinical skills but also encouraged me to consider the difficulties of healthcare in a developing nation. Reflecting on my time there, I am struck by the resilience and ingenuity of the healthcare professionals in Vanuatu who strive daily to provide high-quality care to their patients. This elective has reinforced the importance of flexibility, resourcefulness and cultural sensitivity in medicine and will undoubtedly shape my future practice as a junior doctor in Australia.

I would also like to thank the St Vincent's Hospital Pacific Health Fund for supporting my journey to Vanuatu and providing me with unforgettable experiences.