

Personal Reflection: Elective Placement in Fiji

By Zoe Kropf

I spent 4 weeks at Aspen Lautoka Hospital in Obstetrics and Gynaecology Department. This placement demonstrated the differences in the health systems, including functioning in a low resource setting. It became evident on day one when I walked into large open Nightingale style wards. They had windows open and a few fans trying to cool patients whilst in labour however it was 30+ degree heat and very humid. Next, I went to gather supplies to take patients bloods and place iv cannulas, so I asked where the supplies room is. Unlike Australian public hospitals, each ward does not have a large supply room lined with each piece of ready-made kits and specific equipment. They pointed at a filing cabinet with basic equipment including equipment to make your own sterile flush. The team showed me some equipment that had been donated by Australian OBGYN teams including stirrups for theatre to perform gynaecological surgeries. When I went to attend theatre, I found the change rooms had no scrubs. They do not have hospital supplied scrubs provided and the scrub nurse told me I must bring in my own clean from home each time. I was able to attend Gynaecological Outreach Clinic where the consultants and junior doctors would travel hours to the Peripheral Hospitals to provide gynaecological care including pap smears. This provided me with a greater understanding of the facilities and access patients had in these regional areas.



Image 1 - Aspen Lautoka Hospital, Main Building



Image 2 - Aspen Lautoka Hospital, Maternity Department

In Fiji, the junior doctors have many responsibilities on the wards that may be fulfilled by others in Australia. This includes collecting daily bloods on the wards and physically walking samples to the pathology offices or being an assistant in surgeries such as hysterectomies and caesareans. The senior doctors also take every opportunity to passionately impart knowledge on the junior doctors as

they are often the first people to Obstetric and Gynaecological Emergencies, and they will spend time at one of the Peripheral Hospitals during PGY2 referring to Lautoka.

I gained a significant appreciation for the access to Specialist Services in Australia, at no extra cost to the patient. I also reflected on the importance of implementing effective public health measures including vaccination and screening programs. The rates of cervical cancer in Australia are relatively low due to vaccination and screening programs. The screening program in Fiji for cervical cancer has comparatively much lower rates of participation. This results in patients presenting later and with more advanced disease. Sadly, there is no Radiation Oncologist in Fiji, therefore only those who can afford to travel to India or Australia can receive radiation therapy out of pocket.



Image 3 – Charge Pesa (L), myself and my supervisor Dr Sailosi Ratumaitavuki (R)

Whilst there were many physical items lacking, this experience also highlighted the innovation of the Fijian people to enable them to provide their best care to their patients. Oftentimes, there were no tourniquets available and therefore gloves would be tied to fashion into a tourniquet. The lifts were broken for several days whilst I was there. This was critical as any Emergency cases within the hospital or that arrived by helicopter or road ambulance would not be able to access the theatres. Therefore, a number of wardsmen and security would man the stairs with stretchers to carry any critically ill patients as needed. Despite the many instances where I was reminded of the low-resource setting I was in, there was never a lack in the desire for the doctors to achieve the best outcomes for their patients' that they could. It reminded me that people are at the heart of every healthcare system. This is emphasised by the fact a well taken history and examination alongside clinical reasoning are invaluable in reaching working diagnoses, particularly in a system where scans are less readily available. Despite well-trained people, there were a few instances where I wondered if the same outcomes would have occurred in Australia. I believe the most important contributing factors was lower health literacy delaying presentation, less access to primary care services and reduced access to surgical intervention such as Emergency caesareans as they were hours away by boat or car.

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Image 4 – Head of Department Dr Cati Vasia (L) and myself (R)

This placement also enabled me to gain experience in caring for pregnant women with illnesses that are significantly less prevalent in Australia. Dengue Fever is endemic to Fiji and they experience outbreaks during the wet season. I was on placement during wet season, and during my placement, I saw a number of pregnant women with Dengue Fever. My supervisors provided me with several key learning points on recognising and managing patients with Dengue Fever as well as dangerous features of Dengue Fever, particularly during pregnancy. I saw a number of post-north complications which are less likely in Australia. There was a number of patients who did not present for any antenatal checks for a variety of reasons. This can significantly increase maternal and fetal risks of complications

and mortality. I saw firsthand congenital syphilis and the complications that can be associated with it as it is more prevalent in Fiji.

Overall, Fiji is an incredible place mostly due to the friendly and welcoming people. Everyone greeted me with a friendly “Bula” no matter where I went in the hospital or anywhere else in Fiji. I was able to explore the hiking inland in Fiji and was warmly welcomed into the community, gaining lots of knowledge about the area. The relaxed nature of Fiji taught me about the joy in slowing down and living on “island time”. There was no knowing when the local bus would come and it would stop anywhere along the main road to drop and pick people up meaning you could never plan how long the journey would take.

I am deeply grateful to the Pacific Health Fund for the Andrew Dent Scholarship which enabled me to meet the wonderful people of Fiji. With my continuing passion for Women’s Health, I look forward to returning to Fiji in the future as a OBGYN and give back to the doctors, midwives and nurses who provided me with invaluable learning experiences.



Image 5 – Lautoka Market



*Image 6 –
Fried fish,
Kokoda and
cassava.*



Image 7 – View from Mount Batilamu on Viti