

Solomon Islands: A Journey of Learning, Giving, and Growing

In June 2024, I embarked on a transformative two-week elective placement at the National Referral Hospital (NRH) in Honiara, the capital of the Solomon Islands. This placement was coupled with my volunteering mission as part of PEARLS (POCUS for Emergency and Acute care in Resource-Limited Settings) to provide the emergency department with a free ultrasound probe, a smart tablet and initial training in point-of-care ultrasound. The entire experience proved to be far more than an elective placement; it became a profound exploration of a new culture, a chance to offer meaningful contributions, and an opportunity for significant personal growth.

Leaving behind Melbourne on a cold, crisp morning, I was filled with a mixture of excitement and anticipation as I boarded the flight to Honiara. In less than 10 hours, I found myself greeted by the intense heat and humidity of the tropical island and sprinkling rain - an absolute reprieve from the freezing and temperamental weather of Melbourne. The taxi ride to my accommodation was both precarious and amusing. The upper half of the front screen was tinted to block the harsh sun during the day but it also meant at night, the driver had to crouch down to his steering wheel in order to see the road - I mildly feared for my life but also trusted that this local driver knew what he was doing (surely!). My fear was not abated when the later half of the drive bounced us through a million pot holes the moment we turned off the highway. The precariousness of travelling didn't stop there as the following morning I took a 'short cut' route to the hospital which meant I had to trek down a steep hill through the wilderness to reach the main roads. Sometimes I wondered if the 'short cut' also implied my life might be cut short if I kept slipping and tripping on the slope; yet somehow that was my path of choice every morning to the hospital.



Spectacular sunset over the Pacific Ocean



Central Market, Honiara, with huge arrays of fresh produce

As I ventured into Honiara's bustling Central Market, vibrant colors and local produce offered a feast for the senses. This market, brimming with fresh fruits, vegetables, and fish, was a stark contrast to the perils of the roads. Everything was so fresh, inviting and in absolute abundance that I wondered if our Westernized way of life may have made us forget what is true richness and what is true abundance. Later on in my stay, observing the infiltration of highly processed food and how many considered it to be the height of civilisation and desirability, I was both petrified and sad. Petrified by the pernicious marketing

ploys of the Big Food industry permeating into the psyche of the Solomon Islanders; and sad that they feel somehow inferior or lacking, unaware of the natural golds of their land and ocean.

Dr Gwen Tovosia, one of the ED registrars was my 'tour guide' for the first day. Her warm and patient guidance through the small city's streets and local shops as well as tips on local languages, customs and culinary cultures laid a solid foundation for me to confidently navigate the city in the coming days. Among over 100 types of bananas and several different types of cassavas, I learnt which to choose and how best to cook them, ensuring I could eat like a proper local! And of course, the pride of Solomon Islands, their canned tuna!



Dr Gwen Tovosia - my tour guide and local cooking coach



The old and temperamental portable ECG machine

Honiara is a remarkably international and multicultural city. Many locals speak multiple languages, including their mother tongue dialects and Pidgin, with some doctors at NRH fluent in up to five languages or more. Due to the absence of a medical curriculum in Solomon Islands, all doctors were sent overseas for training and thus, upon returning, they would also be able to speak Spanish and English. Other cultures that are present here include many migrants from nearby island states such as the PNG or Fiji, as well as Sri Lanka, China, and even Vietnam, besides Australian expats and tourists. Having a Vietnamese background, I was both amused and intrigued to discover a large mural of the Vietnamese flag in a popular café called 'King of Meatz' along with pho, bun and other traditional rice dishes, an example of the unexpected and delightful cultural connections I encountered here.

As the days progressed, I immersed more into my life at the hospital. In my volunteering capacity as part of PEARLS, I delivered presentations on emergency ultrasound techniques and trained emergency doctors in some ultrasound protocols including eFAST, FELS, basic echocardiography and IV cannulation. During the other half of the time, I participated in morning and afternoon handovers, triaging and managing patients under supervision, observing and participating wherever possible. Being able to immediately contribute in however small capacity by working alongside Dr. Trina and the team on educational materials for local medical professionals was both challenging and fulfilling. I found it extremely important and rewarding to be quickly integrated and considered



Providing ultrasound training to the ED team.

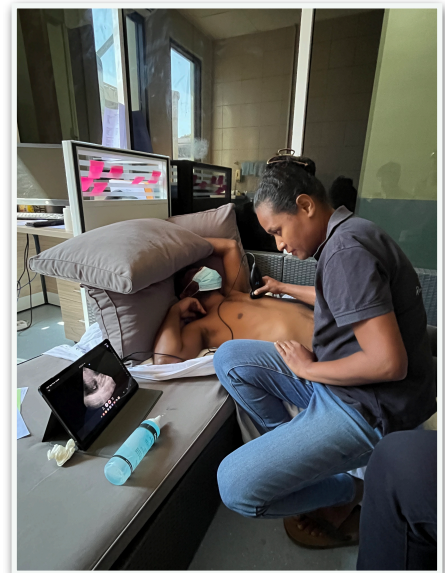


All hands on deck - 2 doctors, 1 nurse and 1 mom to take blood from a super strong toddler

part of the team. Our focus was on enhancing emergency ultrasound skills, something we believe to have game-changing potential in assisting emergency doctors with their diagnosis and management of patients here. Just the week before I arrived, an 8-year old girl passed away from cardiac tamponade which the doctors all believed could have been detected much earlier had they had a POCUS on hands that would have eliminated the delay in her diagnosis and management. Being able to combine my placement with my volunteer work with PEARLS made this placement extra special knowing I would be leaving behind a meaningful and life changing, if not saving, piece of equipment for the people of Solomon Islands.

There were many more memorable and poignant experiences that occurred during my time here. From my first resuscitation attempt on a young man my age who had end-stage liver failure and unfortunately did not survive, to the two separate occasions

where I diagnosed and managed two patients with myocardial infarctions that presented quite late, to a young woman with molar pregnancy and another with suspected ruptured appendix. The reality of high prevalence of non-communicable diseases in a developing country struck hard: chronic liver disease, diabetes, dyslipidemia, overweight and obesity, hypertension and cardiovascular diseases - just like Australia. Unlike Australia, however, patients here have poorer management and thus outcome of their conditions with many often presenting with lots of complications, very commonly decompensated heart failure or non-healing diabetic wounds requiring surgical debridement or amputation. Many of these patients had stopped taking their medications due to medication shortages or not knowing they needed to take them for the rest of their lives, despite these medications technically being available for free to all local residents. This situation illuminated one of the many underdeveloped aspects of the healthcare system. It



Dr Trina Sale practising echocardiography on a colleague

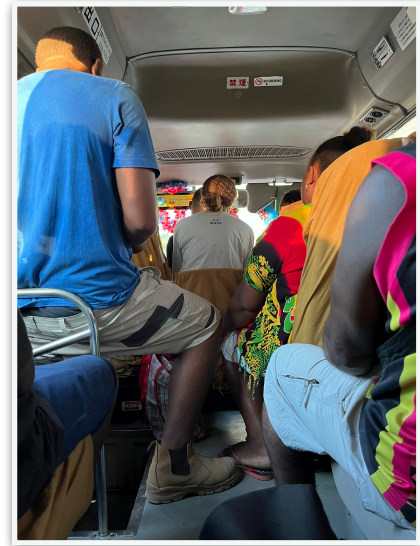
was evident that addressing the broader issues of health literacy, consistent medication supplies, and chronic disease management are some of many crucial aspects to improve healthcare in this setting.



Blood donation day at the hospital

Completely different to Melbourne is the high prevalence of infectious diseases like tuberculosis, malaria, and dengue fever here. Almost all patients were screened with rapid antigen tests for malaria at the point of presentation for any symptoms vaguely resembling possible malaria. Another

commonly observed issue is poor wound care management where minor cuts often progressed into serious infections requiring extensive treatment. We would also have to chase up blood test results by frequently visiting the pathology lab to find blood test results written by hand in huge folders (I will never complain having to navigate EMR again!). Even simple point-of-care medical equipments were in short supply including thermometer, pulse oximeter, single-use lancets (nurses use injection needles instead), blood glucose machine, etc. On several occasions basic antibiotics were unavailable and thus patients would receive only one of the two recommended medications in their treatment regime. I will always remember the day when my patient with a heart attack couldn't get his medication because we ran out of stock (nor did we have a cath lab). This is not to mention the hospital's ongoing budget drought.



Packed inside a local bus (size of a van)



Mural outside paediatrics ward - Clean hands save lives

With constant challenges that vary each day, the doctors in the ED had learnt to quickly adapt how they practice medicine and become more resourceful with what they had. However, it also means they were forced to accept and live with the fact that the medical care their patients are receiving falls short of what they need. I found it incredibly difficult at first but when the stream of new patients kept pouring in, I also noticed how I quickly developed a different coping mechanism, to put aside my sense of idealism so as to simply moving on to tend to those in needs.

Towards the final days of my placement, I was pleased to find out that the hospital was starting to receive significant funding from China, Japan, and Australia to improve its infrastructure. A new hospital building funded by China was under construction. The ED department was also recently renovated, which included the addition of air-conditioning a much-needed comfort and an absolute luxury for me after arriving each day drenched in sweat from my hike down the hill and walk to the hospital under the early scorching sun. The state-of-the-art radiology building, featuring the hospital's first CT machine installed just three years prior, and ongoing efforts to secure an MRI machine, showed promising progress was being made to improve healthcare delivery in Honiara.



Nursing students Raydrick and Rose kindly gave me a huge tour of their big and beautiful university campus, the Solomon Islands National University.



With farewell gifts from the ED team

I also realized whilst on the placement that there were significant opportunities for future collaborations and initiatives aimed at advancing medical education in the Solomon Islands. Dr Trina Sale and her colleagues, in collaboration with the Solomon Islands National University, were working on launching the first postgraduate diploma in Rural Medicine, which would be the first medical degree created and delivered in Solomon Islands. It is a significant and promising step forward for the future of medical education and healthcare in the country.

My two weeks in the Solomon Islands were a rich and rewarding experience that extended beyond the boundaries of professional training. It was a journey marked by connection, growth, and a deep appreciation for the resilience of a community and the universal quest for better healthcare. This elective placement was more than a professional exercise, turning into my personal mission to contribute more to the landscape of international medical aid and collaboration. Not only has it provided me with so much insight into resource-limited healthcare in Solomon Islands, but it also has renewed my sense of purpose in my medical career.

There was so much more that happened, moved and inspired me, and so many people and doctors I met during this trip that made me feel so welcome and at home, that I can't fully capture or write down in words in this short piece of writing. However, they will stay forever in my heart and will continue to guide my future practice and understanding of medicine in ways that would simply not have been possible without these experiences. As I boarded my flight back to Melbourne, I felt both profound sense of gratitude for the opportunity to learn and grow, and also a burning desire to do more.

This is only the beginning.

I am immensely grateful for the support provided by the Andrew Dent Student Elective Scholarship, which made this memorable and transformative experience possible.



Farewell dinner with part of the huge ED team. (left to right) Dr Ellison Manegehe, Dr Allison Lalega, Dr Sam Beuka, Dr Celestine Tofuramo, Dr Nyrick Eddie, Dr Inity Vaghi, Dr Trina Sale (ED Director) and nurse Kristalee Horoto.