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Banana Boat docs bring gift of skill

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After Hours

*Te Anau GP Liz Scott is no stranger to intrepid medicine, having volunteered in Nepal and Kenya. But a recent trip to Papua New Guinea provided fresh challenges - not to mention the sticky heat. **Katie Marriner** reports*

A nine-year-old girl with severe burn contractures on her hand will forever remain in Te Anau GP Liz Scott's memory.

Having developed epilepsy after contracting malaria, the girl had a seizure after a lapse in medication and fell into a cooking fire in her New Guinean village.

She had gone to hospital, but her mother, with a new baby, took the child home before treatment was completed.

By the time Dr Scott saw her, weeks after the accident, it was clear she would never have a normal hand.

Dr Scott has just returned from three-and-a half months as a volunteer in New Ireland, Papua New Guinea, a long thin island north-east of the mainland and just below the equator.

Much of the time, she says, the heat and humidity provided the greatest challenge.

She went on three patrols, visiting 14 health centres with a team of Papua New Guinean health staff, and treating many patients who had not seen a doctor for 10 years.

Dr Scott was tasked with visiting remote areas of the island. There are nine Papua New Guinean doctors in New Ireland, all stationed at the hospital in the capital, Kavieng, and they rarely go out on rural patrols.

Two doctors were based in Namatanai, the second-largest town on the island but there was no x-ray machine and laboratory resources were limited, so they relocated to Kavieng. This means there are no doctors for around 340km of the island.

The remoteness was a challenge, Dr Scott says. The patrol team would move from village to village on banana boats.

Made of fibreglass, 20ft long and about 6ft with a 75 horsepower outboard motor, the boats made for a pretty hairy voyage in rough seas.

Health workers would often transport patients through treacherous waters, Dr Scott says. A male nurse was transferring a pregnant woman to neighbouring island New Britain when the motor broke down and the boat washed up on a reef.

The worst that happened to Dr Scott was running out of fuel in the dark. While bobbing around waving torches at a trailing boat to pick them up, they realised there had been a miscommunication between skippers - the other boat sailed by.

Australian Doctors International, the organisation behind Dr Scott volunteering, is looking into the safety of the banana boat patrols.

Dr Scott says, clinically, it was her role to see the more serious patients. Having volunteered in Kenya and Nepal and completed a tropical medicine diploma, she says she felt prepared.

Health centre facilities were basic, with inadequate toilets and water supplies, patchy cellphone coverage and unreliable radio communication.

On her second patrol to Lavongai Island, Dr Scott diagnosed leprosy for the first time in two brothers presenting with ulcers on their feet.

She saw patients with musculoskeletal problems, suspected tuberculosis and people with malaria complications such as paralysis or epilepsy, as well as elephantiasis, stomach bugs and asthma.

Malaria is prolific in New Ireland. It is estimated half the 160,000 population contracts malaria each year.

"But the problem is they haven't got malaria testing kits and the health centres tend to diagnose malaria clinically," Dr Scott says. "If someone has a fever or a headache they'll diagnose it as malaria so I think those figures are probably over-inflated."

Malaria testing kits and new treatments are being rolled out this year. This is why the local people were only too keen to see a Western doctor, Dr Scott says.

One of the highlights of the trip was working with the local health staff, she says.

"I might well go back and do it again."

Read more from Dr Scott

To read Dr Scott's patrol diaries go to the Australian Doctors International website: www.adi.org.au

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