Remote Medical Patrol work in Papua New Guinea

Dr Susanne Leenders

I accepted a placement as a doctor on patrol for Australian Doctors International (ADI) in September 2017 and was selected to work in the Western Province of Papua New Guinea (PNG).

ADI runs development programs in PNG, Australia's nearest neighbour, to provide immediate medical aid, and more importantly, to build the skills and capacity of the local health workers so they can be more sustainable and effective. Each year ADI sends volunteer doctors to New Ireland and Western Province in PNG for anywhere up to six months where doctors join local health staff on long and difficult patrols through jungle, over mountains or on banana boat to access remote aid posts.

I chose to work with ADI after positive reports from friends who had already experienced what it was like to work as a doctor as part of the ADI team. It was the combination of learning about their experience and my desire to work in areas outside of the Netherlands that appealed to me, as well as the opportunity coming at the right time.

I grew up in the Netherlands and studied medicine at Leiden University and after that did a course called "Doctor in Tropical Medicine and Global Health". It is unique training as it has three parts – surgery, obstetrics and gynaecology as well as tropical medicine & public health. My motivation for doing this course was my interest in working in low resource settings that are more in need of doctors with certain skills. I always wanted to work outside of the Netherlands because in the Netherlands we have more doctors than patients. It's great from the patient perspective but it made me more aware that this isn't the case in all parts of the world. For instance, in PNG some people might not see a doctor for months or even years. The locals there are so happy to see you and if you can help them then that's the best reward.

I also like to take a holistic approach to medicine and prefer to be a generalist. My time working in PNG on patrol meant I was able to develop very good clinical skills by employing all of my senses. I didn't have access to high tech equipment and scanning technology. I think it's a very valuable skill to have and

> To get around we would have to take the Fly River (third largest river in PNG) to get to the villages – it's like the main road but on water.

Opposite page: Dr Susanne Leenders with baby in Namatanai

Below: Dr Susanne Leenders travelling on the Fly River

PAPUA NEW GUINEA

Top: Dr Susanne Leenders with PNG patrol team
Above: Hiking to aid post with Winnie

PAPUA NEW GUINEA

the foundation of what makes a good doctor. Working in remote areas forces you to use all these senses when treating patients or teaching others.

I really enjoyed working on the patrols in very remote areas rather than being based in a hospital. In Western Province the area is so remote and all the villages are really far from each other, there are no roads. To get around we would have to take the Fly River (third largest river in PNG) to get to the villages – it's like the main road but on water.

A place like Kiunga in the Western Province of PNG still has medication shortages. When you visit the aid posts and health centres it's unbelievable how the locals do their work as they hardly have anything. Sometimes they don't have any form of communication so they have to make all the decisions by themselves –I think this is the hardest part of the job. They can't communicate back to the hospitals and doctors when they need a second opinion. If they had a functioning radio they could contact the doctors and talk through a case and ask questions to guide them. They only have their standard treatment manual to rely on but these can be out of date and only cover certain diseases, not all situations.

A highlight for me occurred in November 2017 when I undertook my second patrol to a sub health centre in Kungim, of the North Fly district of Western Province as part of a team of four. It was an eight day patrol. It was amazing to experience a remote area like Kungim but it is very difficult for people to travel there. For many locals they don't have much money to buy fuel so the opportunity to go to a referral hospital is difficult. The situation is made worse when the referral hospital isn't functioning well and people travel all the way there to try to get health care they need and they don't get it.

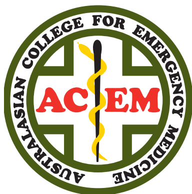
On the first day of my patrol I came into contact with a mother in labour. The mother was about 35 weeks along and had been in labour all day and was progressing until our team arrived. Around 6:00pm I was asked to assess the patient as well, because progress had stopped and there was a malpresentation. She had been assessed to be fully dilated two hours before, but was only having two weak contractions per 10 minutes and not pushing on a contraction. When I assessed she wasn't fully dilated yet, but just 8-9 cm and I could feel a forehead, nose and eye sockets. It was a rare malpresentation.

I knew the first option for referral would be in daylight, in the morning. After consulting the obstetric doctor in Tabubil we decided to augment labour in Kungim. We had good progression and good foetal condition until the last phase. We had a team of four ready - Agnes (trained in Midwifery, Nursing Officer), Emma (Community Health Worker), Winnie (Community Health Worker) and myself. In the last few contractions before delivery we saw a nose and eyes. There were signs of foetal distress and we were able to do a successful episiotomy. The baby had to be resuscitated and it was hard to get air into the lungs because of swelling to the face and little choice of masks. Eventually we used an ambu bag and mask I had from the doctors kit I brought and we managed to successfully resuscitate. Although the child was still experiencing slight grunting while breathing, we put the baby with the mother to ensure warmth and bonding. That evening we got home at midnight and I wrote my account of this event in the morning to share with the ADI Sydney office. At the time I hoped that the small baby would survive the night but was really happy the mother was doing well.

I later learned that both mother and baby were doing just fine. I felt really fortunate to be in the right place at the right time given the Kungim sub health centre only does about three deliveries every month. I was also especially pleased that it was a great teaching opportunity for the three PNG health workers that assisted with the delivery. It was a great example of ADI's work in the region, being available to save lives while building local capacity and working as a team. It was really great to be teaching the whole way through the experience.

I know mine is just one example of the positive impact ADI is having in PNG and I'm grateful for the opportunity to be part of something special.

ADI are now recruiting doctors for 2019 – more information can be found at www.adi.org.au



Australalasian College for Emergency Medicine
34 Jeffcott St
West Melbourne VIC 3003
Australia

t +61 3 9320 0444
f +61 3 9320 0400
e admin@acem.org.au
w acem.org.au

© Australalasian College for Emergency Medicine 2017

Want to find out more or get involved?

To find more stories about the work that the International Emergency Medicine Network are doing or to find out how you can get involved visit the IEM Network webpage at **acem.org.au/iemnet** or email **IEMNetwork@acem.org.au**