Postcards from the Edge: Solomon Islands

Dr Donna Mills

Dr Mills is a FACEM employed by the Sunshine Coast Hospital and Health Service, Queensland, currently working in the Solomon Islands.

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Interviews with FACEMs and trainees returning from global emergency care work, highlighting their experiences and involvement in emergency medicine abroad.

This edition's Postcard comes from Dr Donna Mills.

Welkom lo Hapi Isles.

The Solomon Islands is a beautiful archipelago of 1,000 atolls and islands that are home to 700,000 people, who live scattered throughout the nine main provinces from the Shortlands in the west to the remote islands of Temotu in the east. The National Referral Hospital (NRH), in the capital of Honiara, provides care to the 90,000 people living there, as well as providing tertiary-level care for all the provinces. As a developing nation, the healthcare system and, in particular, the NRH Emergency Department faces many challenges, just one of which is the burden of communicable diseases, such as dengue, malaria and tuberculosis that are seen on a daily basis, where a 'simple' case of epistaxis may actually be dengue. Another challenge is the growing prevalence of non-communicable diseases (NCDs), such as diabetes and cardiovascular disease. The impact of these NCDs is further exacerbated when there is little infrastructure to manage the conditions before the patients present to the ED with acute complications.

Tell us about your global health work

For the past five months, I have worked alongside Dr Trina Sale (Director) and Dr Patrick Toito'ona (Deputy Director) in the NRH ED as an Emergency Consultant Advisor. My role is part of the Solomon Islands Graduate Intern Supervision and Support Project (SIGISSP), which is funded by the Australian Government's Aid Program and managed by AVI (formerly known as Australian Volunteers International). Technical support is provided by ACEM as a key project partner.

This project was initially set up at the request of the Solomon Islands Government to assist with the supervision and support of medical graduates for internship. Specific assistance was requested for the NRH ED after a report in 2014 deemed it to have no capacity to supervise or train these interns. At the time of review, conducted by ACEM, there were no specialist emergency physicians in the Solomon Islands. Increasing urbanisation and the burden of communicable and NCD, without the associated development of ED capacity, led to near breaking point for the department. The review identified the following intial priorities: increased leadership capabilities; improved triage procedures; improved patient flow and timeliness of care; and support for training in emergency medicine.

As part of this project, a Solomon Islands Triage Scale was designed and implemented with the assistance of previous SIGISSP volunteers, Dr Rob Mitchell (FACEM and former SIGISSP senior registrar and intern supervisor) and Lynne Wanafalea (former SIGISSP ED nursing advisor).

In the last 18 months, there has been increasing focus on postgraduate training for emergency medicine in the Solomon Islands and this has been a large focus of my time at NRH. Currently, trainees who wish to specialise in emergency medicine need to live and work in Papua New Guinea or Fiji for four years in order to obtain a Masters of Emergency Medicine. Their studies are funded by the Solomon Islands Government, however, they are lost to the Solomon Islands medical workforce. On average, scholarships are awarded to emergency medicine trainees every four years, meaning there is a significant delay until there are enough qualified emergency physicians to enable full staffing at NRH and provincial hospitals, such as Gizo and Kilu'ufi. In collaboration with Dr Trina Sale, Dr Patrick Toito'ona and Dr David Symmons (FACEM), the groundwork has begun for a pathway to postgraduate training in the Solomon Islands.

What has been one of your highlights while working at NRH?

Experiencing the enthusiasm of the ED doctors to improve their personal knowledge and their department, and to further emergency medicine as a specialty has been a highlight. Doctors of all levels regularly turn up on days off for education sessions and workplace projects (including cleaning the department!). This is despite significant challenges, both at work and home, that impact on their ability to do their job. In spite of the significant numbers of patients presenting after hours, x-ray and pathology are only open during normal working hours. The malaria lab is shut on the weekend. The blood bank is not open overnight. Some doctors travel for hours before and after shifts on public buses or hospital transport to get to and from work. Some of them have no electricity at home.

Another significant highlight of my time at NRH has been working alongside a young, strong female leader, Dr Sale, as she strives for change in emergency care for both her department and her country.

Tell us about some of the challenges you have encountered

Working at NRH has been a big learning curve for me. One particular case brought home some of the significant differences between working in the Solomon Islands and Australia. Just before handover on a Friday afternoon, a taxi pulled up in the ambulance bay. Four young men raced in carrying a sick child and placed him on a bed that was vacant only because the previous occupant had gotten off when he saw what was happening. Not long after being placed on the bed, the patient went into respiratory arrest. Bag-valve-mask (BVM) ventilation was commenced and the patient, a five year-old male, was intubated shortly afterwards. Collateral history proved difficult as his family and witnesses could not be found. On examination, a large boggy mass was identified behind his left ear with an associated hemotympanum. Pupils were bilaterally dilated and minimally reactive. There is no CT scanner in Honiara (or the Solomon Islands, for

that matter). There is no intensive care unit in the country. Organ donation is not available. Once the family were contacted and arrived in the ED, they explained that the patient had been sleeping in a hammock near people who were playing with a slingshot. He was hit by a stray rock in the back of the head and fell out of the hammock. We then taught his family how to hand ventilate with the BVM and advised them that once they had all said their goodbyes, they could stop ventilating their son/brother/cousin. I have since learnt that this 'wantok ventilation' is not uncommon.

How do you balance your work in global emergency medicine with other competing demands in your life?

Balancing an active engagement in international emergency medicine with full-time employment in Australia can have its challenges. Fortunately, I have had the support of the Sunshine Coast Hospital and Health Service ED. This has allowed me to access leave without pay for my current assignment and the use of leave for shorter visits.

One piece of advice for FACEMs or trainees looking to become involved in global emergency care?

One of the biggest lessons I have taken away from my experience is the importance of building relationships with local colleagues. These relationships have enriched my personal experiences and, more importantly, allowed me to help work towards goals for local emergency teams. It isn't always easy. I had to shift my expectations from the immediate cause and effect that we as emergency practitioners in Australia and New Zealand are accustomed to, instead looking towards long-term goals and results. However, maintaining an ongoing relationship with colleagues in Fiji (and hopefully the Solomon Islands) has allowed me to see the growth and achievements of the inspiring young doctors and nurses working in the Pacific and that is what keeps me coming back for more!

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More information

SIGISSP is an ACEM-supported activity. The project is managed by AVI, with funding for the project and Dr Donna Mills' position provided by the Australian Government's Aid Program in the Solomon Islands.