

Applying the retrospectoscope to an elective: Reflecting on six weeks in Timor-Leste

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Throughout Belinda's schooling and medical training, she has been interested in and committed to providing better healthcare for the developing world. She ultimately intends to work in international health, hopefully in a surgical role. She submitted this elective report to the AMSJ as a final year medical student.

The medical elective is notorious for being an excuse for taking a holiday in an exotic corner of the world. Like many of my colleagues, I also travelled to one such corner, Bairo Pite Clinic in Timor-Leste (the official name of East Timor), in search of an adventure with some medical experience thrown in. In retrospect, those six weeks were without doubt the steepest learning curve of my medical training. However, there are a number of things I wish I had known and a great number I would have done differently. Therefore please let me share some insights I have gained with use of the retrospectoscope - the device in medicine which enables the viewer to judge past events or actions with the aid of knowledge obtained since they occurred. This is in the hope of equipping you with some knowledge to make your elective experience the time of your life.

Language

I arrived in Dili, the hot, dusty capital of Timor-Leste after an almost sleepless night in Darwin airport and with a four-word vocabulary of Tetun, the local language. Nevertheless, I was almost immediately loaded onto the clinic's four-wheel drive ambulance to embark on my first of many mobile clinics into the mountains. For such clinics the four-wheel drive is loaded up with a box of very basic medications, and a driver, a doctor or medical student and a medications dispenser drive up to six hours on a road resembling a goat track to a remote village. There, they see a queue of patients - some waiting, some materialising from the surrounding forest- and drive back, often with acutely ill patients. And thus was the experience from which stems my first insight - learn some of the language.

Despite having an 'interpreter' - she spoke as much English as I spoke Tetun - I was luckily armed with the Lonely Planet Tetun phrasebook, which I think saved more lives than I did that morning. Daily Tetun lessons, jotting phrases on the back of my hand and the phrasebook ensured I quickly picked up enough language to hold a reasonable medical consultation. Despite this, I wished countless times I knew some Tetun before I arrived in-country. If you are planning on travelling to a non-English speaking country, do try and learn some local language before you depart. Being able to communicate with your patients makes a world of difference.

Pre-Read

After my mobile clinic baptism of fire, I returned to the Bairo Pite clinic in Dili to be confronted with the afternoon ward round, and a lady in



Timorese girls from the Gleno Orphanage, located about 40km or a two hour drive from Dili in the Emera Mountains. The mobile clinic from Bairo Pite Medical Clinic visited the orphanage monthly.

the final stages of labour. Prior to my elective I had seen one patient with tuberculosis (TB) and delivered five babies. Score at the end of the first ward round: 67 TB patients and eight babies delivered. I vividly recall returning to my room that night acutely aware of how much I did not know. I sincerely wished then that I had taken the time to read up on the common problems experienced in Timor: tuberculosis, malaria, labour and its common complications and gastroenteritis. A basic understanding of how to identify and manage these conditions in resource poor countries is essential to getting the most out of your elective. The World Health Organisation (WHO) has some great articles on managing these and other health issues specific to the developing world. [1-4] I thoroughly recommend utilising these prior to and during your elective. Along with the Lonely Planet phrasebook these articles saved a number of lives.

Change the World

Before travelling to Timor-Leste, a number of people warned me against thinking I could change the world in six short weeks. And, yes, I completely agree with them, it is not possible. However, do not allow anyone to convince you of the disillusion that you cannot make a difference, but, like chocolate cake, there is a delicate balance between too much and too little. During my time in Timor-Leste, I fluctuated between strategising how to revolutionise their health system and becoming exasperated with the staff, the patients and the system itself.

I only found this happy medium after many discussions with long-serving expatriates, my supervisor, the famous Dr Dan Murphy and a 24 hour flight using the almighty retrospectoscope. Be aware that revolutionising the local health care system includes ensuring nurses actually take observations rather than just filling in normal results; it is amazing how your patient can be saturating at 99% when the clinic does not have a working saturation probe! The work ethic in Timor is much more relaxed than the Australian system, and it is worth remembering that the way you are used to is not necessarily superior and you are the visitor, so embrace and work along with their system. And remember, change on a big scale, if you want it to last, takes time, dedication and education. So if you are planning a revolution, be prepared for your elective to go for six years rather than six weeks.

However, it is also worth noting that you can make a difference for



Patients waiting to be seen at a mobile clinic; Bacau, Timor-Leste, 2009 .

each patient in each situation. If you do take the plunge and go to a far-flung corner of the globe for your elective, you will more than likely find yourself in a situation where you are the most qualified person available. One approach is to consider the ethical dilemmas raised by such a situation. For example, "Is it ethically responsible for me to treat this patient when they would be under the care of a sub-specialist in Australia?" Alternatively, you can revert to medical and ethical basics: 'air goes in and out, blood goes round and round; and first do no harm.' Application of these principles might just make a difference in the life of a patient and their family, and you might even save a life. It is a bit like the old parable of the starfish on the beach. In the time you have got you cannot make a difference to everyone, but do not forget the opportunity you have to make a difference to that one.

The most vivid experience I had of this conundrum was late one afternoon when a young lady was brought in. Her Glasgow Coma Scale was about 3-4, she was febrile (~41°C), tachycardic (~150bpm) and hypotensive (70/30 mmHg). She was prostrating and, according to her family, had had three seizures. While the various causes of impaired consciousness from hypoglycaemia to medulloblastoma jumbled through my brain, I quickly looked around for someone, anyone, to help. Alas, at 7pm on a Friday I was left with a local nurse (who helpfully suggested this was most likely cerebral malaria) and the very friendly, but largely unhelpful cleaner.

And thus, I was stuck between a rock and a hard place: if someone did not do something soon this lady would die, and as much as I just wanted to get swallowed up by a hole in the ground, I was the most qualified person in the vicinity. The first priority was her airway, so with shaking hands, I went a Guedel airway, and one of her family members stood with a bag and mask giving her Bi-level Positive Airway Pressure. Bloods were taken and confirmed falciparum malaria with a parasitaemia of about 11%, which is extremely high. Anti-malaria treatment was commenced with Arestunate (as per the WHO guidelines) and within three hours she was sitting up asking for food.

When I talked to my supervisor the next morning he, rather unhelpfully, pointed out that I should get used to feeling out of my depth; it comes with the job. But, the medical education I had received, although not yet technically complete, gave me the ethical responsibility to do what I could for that patient. If you are prepared to travel to a remote medical facility in search of adventure, you also need to be prepared to implement your medical training; you will probably be surprised by how much you actually know.

References

- [1] World Health Organization. Pocket Book of Hospital Care of Children: Guidelines for the Management of Common Illnesses with Limited Resources. Geneva: WHO; 2005.
- [2] World Health Organization. Malaria. 2010 [updated 2010; cited 2010 Feb 20]; Available from: URL: <http://www.who.int/topics/malaria/en/>
- [3] World Health Organization. Guidelines for the Treatment of Diarrhoea. 2010 [updated 2010; cited 2010 Feb 20]; Available from: URL: http://www.who.int/child_adolescent_health/documents/diarrhoea/en/index.html



An arrow in the chest of a young man from one of the mountain villages. The tip of the arrow was lodged in his right atrium

Learn

My supervisor in Timor-Leste, Dr Dan Murphy, is a stickler for learning. If I did not know something, I was expected not only to look up the answer but also read around the topic. If you are like me and learn better under pressure, I highly recommend Bairo Pite Clinic. Dr Dan is a great teacher and will ensure you are a professional at detecting cardiac murmurs and reading blood films by the end of your rotation. He will also encourage you to read about topics, especially any you show a fleeting interest in. So my final enlightenment is go somewhere with good, inspiring supervision. Even with the use of the retrospectoscope, I would not change this element of my time in Timor for the world.

Conclusion

In conclusion, your elective can be an exceptional opportunity for adventure, to learn something and do something productive with your medical education. For those who like a challenge, hot weather and who flourish under pressure, I can thoroughly recommend Bairo Pite Clinic in Timor-Leste as an ideal elective location. And finally, do not be afraid to milk your connections; getting things done in resource poor countries is really all about who you know, not what you know, so please feel free to send me an email for more information or local contacts.

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- [4] World Health Organization. Tuberculosis. 2010 [updated 2010; cited 2010 Feb 20]; Available from: URL: <http://www.who.int/topics/tuberculosis/en/>



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