

Book: The Goldfinch (Donna Tartt)

The walk from the small twin propeller plane at the Mount Hagen airport was that of relief. Three weeks of not working and awkwardly waiting for my visa had left me with a sense of uncertainty. I had considered trying to find some locum work to keep me busy as being dependent on friends/family for cars, food and a bed was wearing thin. However, when my visa arrived my concerns were alleviated and I booked flights immediately. The planning and preparation suddenly came to life, and it all became very real.

The flight to Port Moresby was of course delayed, running on PNG time, however the rest of the trip went smoothly. No baggage was lost or stolen as per a previous experience and there was someone to pick me up on the other end. I was especially thankful for a bored customs officer's indifference to the multiple packets of seeds that I had brought in. He was not interested at all in my declared goods and did not even give me a chance to produce the seeds from the easily accessible external pocket of my bag. "Just put the cargo through the scanner".

The flight into the highlands (to Mount Hagen) was clear of clouds, and gave breathtaking views of the mountains and dense jungle. Breaks in the jungle revealed small clearings, made for gardens. These clearings eventually grew larger and larger, eventually outnumbering the jungle, as we approached Mount Hagen. It is said that the best garden produce in PNG is grown in the Hagen region.

We stayed the night in Hagen and prepared to leave the following day after a quick visit to the shops and the markets for necessary groceries. The newest supermarket felt like a strange Australian shopping centre as it had fresh and clean lino floors lit with pearly white fluorescent lights and functioning chest freezers. However, it was still distinctly PNG with huge supplies of Maggi noodles, strange selections of meats and most products being in bulk packing. Post-shopping, Dr David Mills picked us up, completed some odd jobs and we were off on our 5 hr drive to Kompam.

When I say we, in Hagen I had met up with two final year medical students who were to join me in Kompam. One from the Mayo Clinic, America and the other from UNSW in Sydney. The drive to Kompam was civil, with no rascals at road blocks and the condition of the road was surprisingly good. The drive through the mountains and over the rivers was as beautiful as ever, with recent rainfall allowing the waterways to flex their muscle, in the rapids. We arrived in Kompam after nightfall. My accommodation is a flat 10m by 6m, with two bedrooms, a kitchen/dining/living room and a bathroom toilet combo. It is surplus to my needs but probably would feel crowded if it were to host two strangers. It has a gas oven with stove top, microwave and a bread machine, but no fridge. I have been trying to think creatively regarding living without a fridge and have not progressed far. I may need to buy one. However, as the power only runs for 12hrs, I would need fancy new solar system/fresh battery set up to power a fridge for 24hrs. I might yet have to get creative with regards to living without a fridge.

Clinical work in Kompam started the morning after arrival and was set in the new operating theatre, which is an absolute improvement on the old one. There were no intruding flies that required eradication by makeshift flyswats and no more random onlookers, catching glances of surgery through gaps in the curtains. From observing the first case, the substantial improvements in the surgical service at Kompam were clearly evident. It was the most ambitious surgical case I had seen in Kompam and the first case I have seen that was completed under a general anaesthetic. The theatre team were slick and well-polished. The case was a large abdominal surgery, taking 4.5 hrs to

remove a large tumor. It was completed without major complication and with no errors from the theatre nursing staff. The other cases were standard trauma cases of superficial machete injuries to peripheral limbs (known locally as "Chop-Chop").

The following day we 'rounded' the inpatients, with the hospital at approximately 60% capacity. The medical patients had infections of one kind or another - HIV, typhoid and malaria, of which there was an outbreak in a local community less than a day's walk away. 80% of the surgical patients were trauma: Chop-chop wounds on arms, legs or face; gun-shot wounds; and an occasional car crash victim. The other 20% were cancer patients, including ovarian cancer, tongue cancer, recurrence of breast cancer with fungating tumour through the skin. All of them knew that there was no treatment we could offer to help with their cancers, but they could not afford to travel to get that treatment elsewhere. The 'peads' patients were a mix of abdominal TB, malaria, congenital heart disease in a 5 y.o, neonatal sepsis and severe burns to a toddler who tripped into a fire. The maternity ward was quiet with the only patient having had twins, however one died prior to or at delivery, no one knows. The surviving twin was small for gestational age, but was now just started to put on some weight. The tuberculosis(TB) ward was filled with extra-pulmonary TB. Extra-pulmonary TB is not infectious, as it is locked in someplace in the body where it can't be transmitted easily.

Throughout the round I tried to make small talk with the patients in my broken pidgin. "Name belong yu? Place belong yu?", I would ask, knowing full well that their answers, these locations were outside of my comprehension. One of the patients knew English, and described his place, "toward the mountain, then past the river and up the next, part way up." as he pointed enthusiastically in a non-descript direction. Maybe I will work it all out.

My role at the hospital will be a mash of the hospital based job which I am used to in Australia. However you kind of do most things yourself. Patients get admitted (often nurses lead admissions) and you are in ED starting the diagnostic process. If you want investigations such as imaging and lab work, you take the picture or you run the screen. If you want to do a simple surgery like a wound washout, debridement or skin repair, you do it yourself. If someone else wants to do a surgery you might help them and do the anaesthetic. There are three of us Medical Officers who "round" three times a week and work together closely. Dr Rebecca, a PNG rural and remote medicine registrar and Tania, a "health extension officer" (not really sure what this means) who basically works as a doctor. Then there is Dr Mills, who is more like the consultant/boss of the three of us. He is the guy who sweeps in with fantastic insights on medical patients or performs the big tricky surgeries. I will work 'on call' at least 2 nights a week, and there is a second 'on call' if required. They are very understanding of my ability and are keen to teach me, helping me to become independent.