Scene Change and Sea Change 84.80(-5.20)

Book: A Study in Scarlett

Meditations by Marcus Aurelius

My last week in Kompiam, for the time being, was an eventful one. Dr Mills, Dr Rebecca and Tania were all away for bits and pieces of the week which threw out the standard weekly routine. They were required to attend a whole bunch of provincial and national meetings regarding COVID-19. PNG, with no test positive cases currently, but many rumoured cases, has thrown itself into a frenzy. Rumours and mis-information spread quickly in PNG and have resulted in many ill-advised actions. In Lae, a port city, all roads were shut off as there was a rumoured case, which was later disproven. Closer to Kompiam, in the Engan capital of Wabag, a local group had prepared to kill all animals, domestic and wild, to prevent the virus spreading into the region. Another group started to act violently towards all Asian residents, who they blamed for the spread of the disease. The hoarding of food and goods, including toilet paper, has begun even in this remote part of PNG, where the majority of people source their food from the land. A bunch of health representatives from Enga met together to plan for an outbreak, however no realistic goals nor was helpful advice was given. The plan was for the immediate initiation of construction of a new hospital, which in the context of financing and the remoteness of the area, has no chance of actually happening.

Fortunately, the Kompiam Hospital, being a co-funded private/mission/government hospital, is not compelled to follow the government directives and can make its own policies and issue its own statements to the community. Also, in favour of Kompiam, is its remote location and that it can isolate itself very effectively. There is one road into Kompiam, of which multiple communities along that road have already threatened to stop all transport along it. Therefore, as Kompiam and its hospital are isolated and self-sufficient, it probably is in as good a position as any for COVID-19. However, this does not help me now, on the eve of a potential outbreak, as I'm heading for a sea change to Raihu Hospital, Aitape, East Sepik.

The medical team has been working hard to up-skill me prior to departure. They think the most helpful skill is to be competent in performing a Caesarean Section. However, I am pretty nervous at the idea, and will be unwilling to do one as long as there remains any other choice. I assume I will have referral centres in Raihu, and will send early when possible. Despite my hesitation, they attempted to get me ship-shape by starting me off with a tubal ligation. That was enough of a challenge. Never before being the primary surgeon, making the initial incision and dissecting into the abdominal cavity was difficult. Although I have seen it many times previously, when you're actually holding the scalpel it is very different.

The other case, for which I was given the scalpel, was that of a 50 y.o male, whom after an argument with his nephew regarding a garden had his right hand chopped clean off. He had his injury 5 hrs prior to presentation, but was surprisingly stable on admission, with normal blood pressure and heart rate. I was a little shaken as his dismembered hand was shown to the medical staff. Maybe the family had hoped for a chance of reattachment, but this was not possible. Under a Ketamine anaesthetic, I debrided away the dead tissue and protruding bone. Dr Rebecca, patiently allowing me to do the work whilst she advised. She taught me to tie-off bleeding arteries, debride muscle and trim back the bone. Doing under Ketamine is also a challenge, with Ketamine increasing blood pressure, thus making bleeding more profuse. More than on one occasion I wore some of this patient's blood.

Another interesting case was a 16 y.o male who presented after a nasty tackle during a local amateur rugby match. During the incident a knee had collected him in the epigastric region. He was reviewed three hours after the injury. Aside from severe abdominal pain at the injury site and losing his appetite, he was otherwise well and stable. Examination was relatively normal, and therefore he was advised to stay on the ward with overnight observations and simple analgesia until morning for repeat review at ward round.

By the morning, he felt well enough to return to school and left for class prior to medical review. During the day he had attempted to eat and was unable to due to nausea and severe abdominal pain. He returned to hospital as he had been unable to keep any food down and since trying he had greatly worsening abdominal pain. His observations were still stable, however on examination his bowel was obviously more distended, rigid and tender. An Xray revealed gas under the diaphragm, the tell-tale sign of an abdominal perforation.

The difficult factor in this context was that our surgeon, Dr Mills, was not in Kompiam at the time, therefore the best chance at a quick surgery was to transfer the patient to Wabag, the district referral centre. Wabag District Hospital is the biggest hospital in Enga province, although it has difficulties faced by a lot of government agencies within PNG. Lack of accountability of staff, poor resourcing and corruption means that past patients who have transferred to the hospital for operations have waited for days without any nursing care or medication. Many patients are then transferred back in caskets. However, with personal guarantees from the Wabag surgeons the gamble was made and the gauntlet ran up the 4WD drive track for 2hrs.

The patient was piled into the back of the Landcruiser, along with two family members, an oxygen cylinder, a finger O_2 probe, some IV opioid pain relief and we took off for Wabag. The trip was bumpy, slippery and painful enough for me, let alone the patient with a very sore abdomen. The line between opioid over-sedation and adequate pain relief was blurred along the road, with the patient being constantly harassed along the rare flatter sections of the road, to ensure he was not over-sedated. On arrival in Wabag, to the credit of the surgeons, we were able to hand him over directly to them and he was taken to theatre that night.

On Saturday my journey to Aitape began and it was breathtaking. The contrast between the highlands of Enga and the coastal flats of Sepik were clear during the flight between Mt Hagen and Wewak. The cloud topped mountains and cliffs flattened into large plains with big rivers and marsh looking regions. On landing in Wewak, we departed quickly, and therefore I did not get a great sense of what the provincial capital holds. However, I was very impressed by what I did see. The infrastructure was similar to the highlands, but everything was so clean and people looked busy, with less loitering about. A quick look was all that I could be afforded as we shot straight off to Aitape, a 4-hour costal drive. The road, in the most part, was in great condition, however the weather was in our favour. The track has multiple river crossings and if there is large rain upstream these crossings can become impassable. The climate in Sepik is tropical and has the accompanying flora. Palms lined the roads and the beaches. The locals were out collecting coconuts and fire clearing the roadside. When we arrived in Aitape, long after dark, I was shown to my house. It is enormous. It is about four times the size of my cottage in Kompiam. It has electricity from the town, a fridge and stove top. Aside from the shower, it is mostly clean and respectable. I will have to get accustomed to the large amount of space. The tour of the hospital and induction are tomorrow, this will be where I find out exactly what I have signed up for.

For those that are praying, please not only keep Aitape in mind, but be praying for the Missionary Aviation Fellowship (MAF). MAF are a mission organisation which arranges flights throughout PNG to places where flights are not commercially viable, but none the less required. They are especially helpful to rural people in PNG, contributing to patient transfers, transfer of building materials and much more. Without them, a lot of the patients in the surrounding areas of Kompiam would not be able to receive timely medical treatment. Recently MAF have had two plane crashes at two separate rural airstrips. Although they were minor (no casualties), this has led to significant problems with resource management with two planes out of their limited pool. Another significant issue is that a major component of the MAF workforce are expatriates who have been recalled to their home countries. Furthermore, with COVID-19 at the door of the country, they are having to consider their role, as they could potentially bring infection to geographically isolated locations that would otherwise be safe.