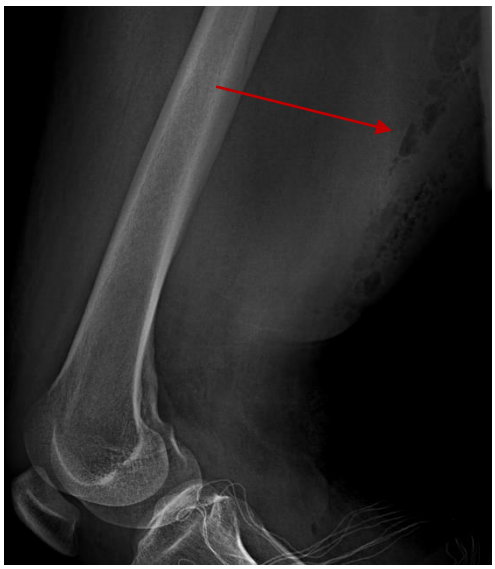
Medicine that is Worse than the Disease

Book: Les Miserables
The Rise and Fall of the Third Reich

My vegie patch is very lethargic, and I have had no word from Rufus (the roof cat), but returning to Kompiam has been great. Replacing Rufus, I have a new friend called Kosta. Kosta is the giant orb spider who is the guardian of my herb garden, located just outside my bedroom window. It is so large, that an outside solar light casts her shadow through my bedroom window at night. Domestically, with the loss of Rufus and the gain of Kosta, I would say things are on the up. Rufus never liked me anyway.

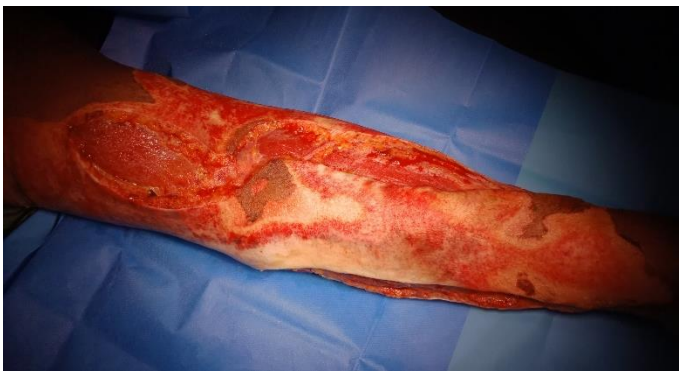
Returning to the ward has brought mixed feelings, with some of the patients from prior to my departure to Aitape, either still hospitalised or readmitted. It has been good to have the continuity of care and I remember a lot of their names but it is bad prognositic signs to still be in hospital that long. Smiling Jason, a paraplegic who had a sacral pressure sore, now has a healthy granulating wound on his lower back. Young Edwin, who broke his ankle, then had an infection of the internal metal work, had the last of the metal removed this week. Peter, who ruptured his bowel in a nasty rugby tackle and whom I transferred to Wabag Provincial Hospita for operative management, did not have a great outcome. After 2 weeks of neglect in Wabag he was transferred back because “he was fine”. On arrival back in Kompaim he was found to have a severe wound dehissence with an accompanying soft tissue infection. After 3 further weeks in Kompiam, with careful wound care and antibiotics, he was ready for discharge. Gentle Priscilla, is still on the ward for palliative care. She has local recurrence of her breast cancer with tumour invasion of the entire right side of her chest. The superficial tissue which is not directly involved is grossly swollen due to the lymphatic obstruction. She is dying slowly and her pain is worsening, requiring increasing amounts of opioids to control. Although she is in pain and knows that she is dying, she rarely withholds a smile.

A couple of cases this week have taken up a lot of theatre time. 50 year old Luso caused a stir on the ward due to the offensive smell of the discharge from her right popliteal ulcer. She had been diagnosed with Lupus last year by another hospital and was managed with long term steroids. Prior to presentation she had been generally unwell, bed bound, at home, for two weeks. She had presented so late due to the poor access to public transport and concerns regarding the hospital and COVID. While she was not in pain, she looked very unwell. She had a fast heart rate and was slightly feverish, her entire right thigh was swollen and dishwater/grey discharge was coming from her popliteal ulcer. Contributing to her problems, from being bedbound, she had developed multiple sacral pressure sores. She was taken to theatre, had a complicated spinal anaesthetic due to the pressure sores, and the popliteal ulcer was explored. The incision at the end of the surgery went from the back of her knee to the inferior aspect of her buttock and considerable dishwater looking puss was released. Little globules of fat could be seen on the surface of the discharge, as it was forcably coaxed from the leg. Remarkably, the infection seemed to have only invaded the space between the muscles, and has presevered her hamstrings thus far. She joined the daily theatre list, for debridements and change of dressings.



Free air, indicated by the arrow, in the muscles of the posterior thigh, indicating a nasty gas forming infection.

Another sad case is that of Lisa, a 16 y.o girl who was cooking with hot oil when the house she was in collapsed due to heavy rain. She was injuried by multiple pieces of wood but the most severe injuries were the scald burns to her left arm and the left side of her face from the hot oil she was cooking with. She presented to hospital 36 hours after the initial injury. Her burns had been dressed at the scene with the peel of Taro, a local root vegetable, similar to sweet potatoe. We took her almost immediately to theatre for debridement and assessment of the burns. The burns were estimated at approximately 10% of her total body surface area, circumfrential to the left arm with some areas of complete thickness burn. It was decided to perform an escharotomy and fasciotomy, the fancy name for deep incisions through the layers of the skin. These are procedures reserved for severe burns or trauma that reduce the pressure on the vessels and tissues. Although appearing barbaric, it can save anything distal to the injury, in this case her hand. At subsequent visits in theatre, a large portion of her forearm skin was removed due to depth of the burn. Like Luso, she joined the daily theatre list too, for ongoing debridements and dressing changes. She is also experiening a huge amount of pain and requires regular opioids. Both of these cases have large open wounds and will require care for a long period of time.



The burnt arm day 1 post fasciotomy/debridement

Keep these cases in mind whilst we chat a little about COVID in PNG. I don't have much authority to talk about COVID, nor what a developing country's response to a pandemic should be. Lots of smarter people than me, with broader experience will make vastly more asute observations. Nevertheless, I feel the PNG government's response to COVID, although well meaning, has thus far been ineffective. Although the government has listened to WHO and Australia, adapting First World solutions to developing country problems, has not worked on the ground.

On the 22nd of March the first case to test positive for COVID in PNG was diagnosed. This case was from a skilled FIFO worker from South-East Asia. The case was isolated, contact tracing attempted with testing completed, and eventually the FIFO worker was sent to Australia for treatment, as the risk of spread from the hospital was high. Within hours of the first positive case, PNG closed its borders and ceased domestic flights (which left me stuck in Aitape at the time). On the 25th of March a State of Emergency commenced, with sweeping social isolation and movement restriction laws coming into play. These laws were influenced heavily by the Australian COVID response.

Social distancing and lockdown laws were inconsistently enforced and followed throughout PNG. In educated and affulent West Sepik, initially I was impressed with the adherence. Markets closed and public transport ceased. However a week in, isolation fatigue hit, the markets restarted, shops opened and people started meeting together again for "telling stories". In poorly educated Enga, social isolation was never enforced nor observed. In contrast, in the Western Highlands Province villagers who needed to travel to reach their gardens for their only food supply were prevented by police. In some rural villages, people who travelled into larger towns to buy rice and other neccesities were beaten by gangs of locals, as they were seen to be a potential vector for the virus. I doubt these groups of vigalantes ever debated the irony of their apparent group justice. The State of Emergency has been particularly bad in

the Western Highlands region, as it has additionally suffered from recent floods which destroyed crops. Furthermore to the food access issues during lockdown, there has been the growing impaired access to health care facilities. With public transport not running and most health providers unable to run a ambulance service, people just can't access care.

Throughout the State of Emergency, I have asked a lot of local people what they think about COVID. Most say they are very worried. They hear news about the failure of western health systems like America and, understandly, they are fearful. But within their seemingly universally shared worry, most don't adhere to the messages from health providers or the WHO. I would describe the people as having no psychological state between calm and panic. It's either serene or catastrophic. During a hospital wide meeting at Raihu hospital, the question was asked, "What would you do if we (Raihu Hospital) had a COVID patient?" The unanimous response from the clinical staff was that they would "pack up their stuff and run away". This fear has lead to some healthcare centres shutting their doors.

Without strict adherence to social isolation, is this State of Emergency worthwhile? With no government social support program, social isolation is bound to fail. The risk of COVID infection seems preferable to mass starvation caused by movement lockdowns. The fear that is being caused by the State of Emergency seems to be crippling the rural health care system. Is the medicine worse than the disease?

All these issues with the State of Emergency are mainly effecting the rural centres. However, the entirity of PNG is set for turmoil in the advancing economic collapse. This will no doubt be shared around the globe with the impending downturn, and again, I am no economist and have limited insight. However, the PNG enconomy depends heavily on the now deflated oil price and has just passed a large and entirely unrealistic emergency COVID budget. As of yet, none of this money has reached the ground, and there are fresh corruption accusations regarding the Prime Minster's newly acquired fleet of Landcrusiers. This is all the background for the nasty scenario facing the Kompaim District Hospital.

Since the state of emergency, the Hospital has not received any PNG government funding. That funding covers medications, staff salaries and other consumables. The hospital has wisely saved enough money to continue to pay staff for the last 3 pay cycles, however they only have enough left to supply for this current fortnight. To make matters worse, the government's arranged pharmaceutical supplies are quickly being depleted. They have run out of penicillin-based antibiotics and IV/IM opiates, therefore our stocks are waning fast. Although not ideal, the pain relief for Priscilla and Lisa will likely change to low dose ketamine and with other antibiotics we will get around the penicillin shortage. The medication supply issue can be worked around. Kompiam is already recycling consumables as much as possible, stretching what we do have (pictured above, dissinfecting procedure for disposable gloves). I know of multiple staff members who will continue to work in the short term without pay, but eventually this will not be sustainable. Eventually, Jason, Priscilla, Lisa, Luso and many others will be left without nursing staff. Insufficient funding and fear of COVID has already closed many hospitals and health centres throughout PNG. COVID is on track to overwhelm the PNG healthcare system, with fewer than less than ten cases and without a fatality.

Please pray for the government funding to come through and for wisdom for the ministers. Pray for the hospital staff throughout PNG, for courage and commitment.

My thinking is heavily influenced by Dr David Mills, whose recent article “Fear is an infectious disease” was published in “The National”, a daily PNG newspaper. This article can be found on the main page of the blog.

Link to ABC article regarding the pacific and PNG
https://mobile.abc.net.au/news/2020-04-26/is-the-pacific-a-few-weeks-behind-australia-on-covid-19/12174024