Undergraduate Elective in Samoa
Tupua Tamasese Meaole Hospital

My time spent in the Tupua Tamasese Meaole hospital in Samoa was both a valuable learning experience and an eye opening one. The anaesthetics department in the hospital is very small with only three full time anesthetists. As such I was able to work closely with the team and had ample opportunity to practice clinical skills such as performing airway maneuvers, cannulation and intubation. I was also regularly quizzed on physiology and pharmacology, which helped my overall understanding of key concepts. During my time I was fortunate to attend the international 'BASIC' (Basic Assessment and Support In Intensive Care) course run by visiting doctors from New Zealand and spend time with a visiting vascular team who had flown in from Australia.

Before my arrival I had an expectation that the standard of medicine would be considerably lower than in the UK but this was far from the truth. The equipment was top of the range and, despite a slightly higher propensity to use ketamine and perform rapid sequence induction as standard, the protocols where remarkable similar. As such, a large part of my elective was educationally rigorous and stimulating but nothing out of my comfort zone.

This however changed once I ventured onto the medical wards and volunteered for some rural village placements. It was here that I came face to face with the realities of Samoan healthcare. The medical wards in Samoa are chronically understaffed, which is unsurprising seeing as there are only 76 doctors in the country. This issue is exacerbated by the fact that many resident doctors go overseas for further training with no fixed return date. This means that foundation doctors are very much 'thrown in at the deep end' finding themselves taking on responsibilities and making decisions beyond their experience level and without the appropriate resources. The consequence of this is a prevailing culture of resignation; a feeling that as doctors they are constantly fighting an uphill battle and as such the best they can reasonably hope for is to provide ‘good’ treatment with no real appetite to strive for 'gold standard' care. Doing ones best and mucking through was the common mindset. My initial response to this attitude was disappointment for I mistakenly felt it was borne out of a lack of care or empathy. I soon, however, learnt that it stemmed from a deep frustration (one that I was to share with them) that comes from knowing what should be done and seeing how far it differs from what feasibly can be done. I left my elective with a deep admiration for the perseverance the doctors displayed in the face of this and the adaptability they displayed when resources where lacking.

During my time I was also afforded the opportunity to spend a few days with the outreach team who travel to different rural villages for a weekly clinic. Whilst there I would be given my own cubicle and asked to conduct consultations with the help of translators who, unfortunately, were of varyingly poor quality. The doctor would be next door if I was unsure about anything but essentially I was left to my own devices. Being thrown in at the deep end is the Samoan way.

What impacted me most during this period was how often patients presented with advanced disease having been unsuccessfully treated by local faith healers. I learnt that for many families, traditional healers, who provide herbal remedies and massage, are the natural first port of call. The local belief in these practices is steadfast for a number of reasons. First, because it is tradition, and Samoan society is the most traditional I have ever experienced. Second, because healers promise a ‘cure’ to disease, whereas modern medicine only seeks to ‘manage’ disease such as diabetes or hypertension. When someone you have customarily been taught to trust is peddling a 'cure' it is hard to resist. I found this the most difficult to deal with when it affected children or young adults. Rheumatic fever is prevalent in Samoa, and as such there are many charitable organisations who provide ECHO screening, and equally importantly, patient education at local schools. Despite this it is not uncommon to see children with advanced disease, whose parents have refused them modern treatment. In the UK the concept of ‘patient centered care’ is something ingrained. Throughout medical school we discuss capacity and the importance of allowing patients to make their own informed choices even when it contradicts our own judgments. However, until my elective wrestling with these concepts had been no more than an academic exercise. In Samoa I was confronted with just

how hard it is to stand aside as people make unintelligible choices. What I found hard was the idea that many of these young adults may have wanted to seek modern therapy but felt unable to rebel against family beliefs. Thankfully when I spoke to some outreach doctors about my concerns they shared my sentiment but also assured me that things are slowly improving. There is a ‘cultural shift’ taking place. I hope this is one consequence of Samoa’s modernising school system.

All in all experiencing a different healthcare system was invaluable. I learnt so much during my elective and I would like to thank the AAGBI foundation for their generous award and helping make it possible.

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July 2016