

Outside the hospital, I helped in clinics in the health centre and visited the nursing station in order to gain a more holistic understanding of Fijian healthcare. This not only illuminated the actual healthcare available to people in different communities, but further highlighted the importance placed on public health in Fiji. The doctors are expected to carry out public health surveys and I went on one such visit, where Dr. Kali wanted to map a village and had to ask the permission of the village chief. This visit was a fascinating insight into the deep impact of Fijian culture in all aspects of daily and professional life.

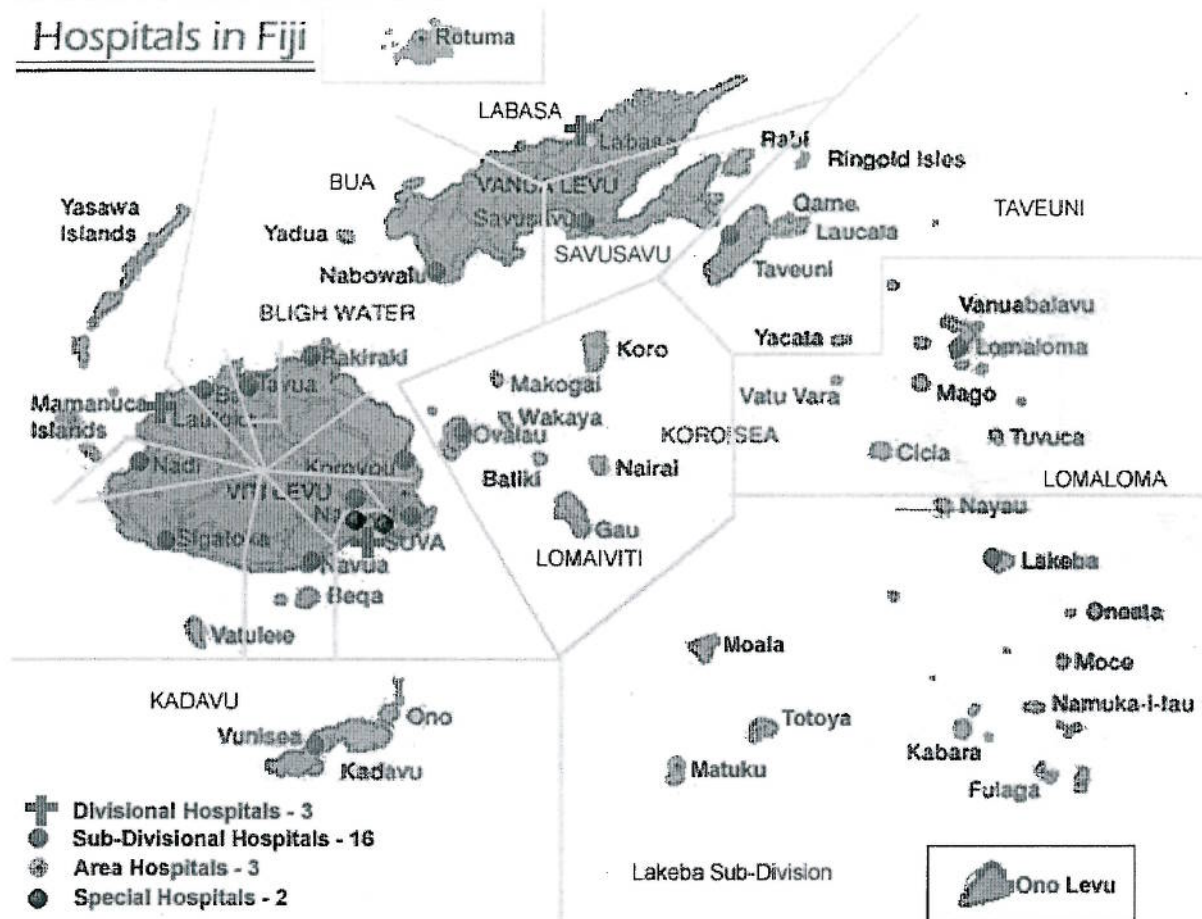
1. Health provision in Fiji

Healthcare is mainly funded by the government and there is no social security scheme, which means that the government has a higher contribution to the healthcare than other countries of the similar income in the region in the Pacific. The government of Fiji spends 4.2% of the GDP on health.

Fiji is a country comprised of 330 islands spanning a vast area of 18,333 square kilometres with a few large islands, Viti Levu (inhabited by 80% of the population) and Vana Levu islands, while majority islands are small and only two thirds are inhabited. Thus, provision of health care has to contend with many remote communities with difficult access across sea and land. Health care is essentially divided into three sectors: hospitals, health centres and nursing stations. In Fiji the Ministry of Health has divided the country into regions (see figure 1), where the divisional and sub-divisional hospitals care for designated communities. The divisional hospitals are tertiary centres. Sub-divisional hospitals are like the general district hospitals in United Kingdom, but with addition of GOPD in Levuka Hospital acting equivalent to General Practice (GP) in the UK. The outpatient department is divided so that there are GOPD and specialist outpatient (SOPD) clinics every day.

My placement in Levuka was in a sub-divisional hospital, which serves all of the communities on the island of Ovalau and neighbouring islands, such as Moturiki and Koro. Transport is a great issue, for communities on other islands and for villages 'far' from Levuka. Ovalau is itself a small island, with further villages being about 45 minutes away from Levuka, however, the roads do not have tarmac and can be very hilly and muddy. Furthermore, the most common mode of transport is the local truck, which acts as the government bus, that connects each village with Levuka only couple times a day. Thus, management of patients is based on their clinical presentation, as well as their address. For example, a child with moderate pneumonia will be admitted if their village is on the other side of the island, and not if they live close to Levuka. Essentially, the doctors in the hospital practice 'safe' medicine, being over cautious with patients that do not have easy access to the hospital because if they deteriorate quickly lack of transportation could be fatal.

Hospitals in Fiji



(Figure 1)

In Levuka all the referrals for specialist treatment and emergency cases are made to the Eastern divisional hospital of Suva called Colonial War Museum Hospital (CWMH) that has a catchment population of 379, 917. The journey to Suva takes 5 hours via a boat and bus ride (once a day transfer), which is how non-emergency patients will travel independently for specialist referrals. Emergency cases are transferred to Suva either via ambulance (and then the shipping boat for the crossing to the main land) or via chartered flights that leave the island every morning or via the emergency helicopter. All of these modes of emergency transport are utilised depending on availability, time of day (ferry leaves at 6am, flights at 8.30am and the helicopter can only be used during daylight hours) and the acuteness of the case. For example, a new born baby with suspected ABO incapability was transferred via helicopter, while a man with worsening leptospirosis was transferred via the chartered flight the next morning. However, there is a new emergency water ambulance that has been donated by a foreign government that should be in use soon that will make the emergency transfers much more efficient, as it will be at the disposal of the Levuka hospital.

In Levuka there is a health centre (and two more in this division). The health centres are run by nurses that provide clinics, such as baby checks and family planning. I visited the health centre and worked in one of the baby clinic. The health centres also has high level of public health involvement, and runs various public health campaigns. During my placement, the nurses from the health centre visited all the villages on the island for educational health

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(acute viral, upper respiratory tract or pneumonia). There are also a lot of skin infections, such as ulcers and abscesses in all age groups.

Fiji has tropical diseases, and there have been outbreaks of Dengue in 1998 and measles in 2006, but malaria and HIV are not prevalent in this region. The top tropical communicable diseases are: dengue fever (430), typhoid (408), trachoma (311), infectious hepatitis (210) and leptospirosis (154). During our time in Levuka hospital, several cases of typhoid were admitted and it was evident to see the difficulty of accurate diagnosis with lack of investigations available, thus any suspected cases are transferred to Suva.

The highest cause of mortality (by far) in Fiji is cardiovascular disease, accounting for 40% of deaths in 2009. Levels of hypertension are very high in Fiji, and it is the number one non communicable disease (NCD) in Levuka with registered 580 patients. In Levuka the health professionals have a high level of suspicion, it is presumed that many people are undiagnosed and blood pressure screening is done opportunistically when patients present to the health services for other complaints. The second highest cause of mortality (18%) is grouped as 'endocrine, nutritional and metabolic disease', which essentially consists mainly of diabetes mellitus type 2 (DM II) and its complications. Prevalence of diabetes is 18.37 (per 1000 population), with high rate of complications and admission. Diabetes sepsis is particularly high, with staggering 46% DM II hospital admissions resulting in amputations.

Conclusion

Fiji has an exceptional healthcare system, considering the economic constraints, and incredible healthcare professionals. My placement was very educational, and extremely useful in making me independent clinician, especially in this crucial time when I am making a transition from a medical student to a junior doctor. Working in outpatient clinical was useful in preparing me for independent prescribing of medication. Visiting the health centres and out reach in the community was a personal highlight of the elective as it really illuminated Fijian culture for me. The supervising doctors and Fijian medical students have supported me through my elective and have greatly contributed to my experience.

Bibliography

All of the information gathered was from resonal interviews with Dr. Kali and Dr. Mere. Statistics and specific information regarding Fijian healthcare system was obtained from the Fijian Ministry of Health [<http://www.health.gov.fj>]