

“Tonga time”: Matthew Lettis Elective Report

I went on elective with a friend to Vaiola Hospital in Tonga. I chose Tonga to experience working in a country where medical conditions are similar to those at home but access to equipment and supplies is limited. Nuku’alofa, the main island, is not a tourist destination enabling me to experience a different culture and way of life. I felt it important that English was spoken in the hospital to enrich my learning.

On electives.net, student doctors had enjoyed their electives in Tonga commenting that it was easy to rotate through the hospital and get involved with hands-on care of patients. I found this appealing as, although I was particularly interested in A&E and obstetrics, I wanted to experience a range of specialties while I was there. My placement largely mirrored this: I spent most time in A&E, but also spent a week on each of the medical and paediatric wards, and some time on the surgical ward or in theatre. I did less obstetrics than intended, purely because there were far fewer births than anticipated so I felt I could better advance my medical knowledge in A&E.



Sam and I outside Vaiola Hospital

My elective in Tonga was very rewarding. I had a lot of responsibility in A&E as there was only one doctor in the department who treated me like his junior doctor. This increased level of responsibility was beneficial to me as I gained greater confidence in clinical examination, diagnosis

and coming up with management plans. Although, English is an official language and many medical discussions are in English, most patients spoke only Tongan. I therefore learnt to use a translator to take histories and often had to act out my questions, both of which were challenging. It was interesting to see more severe presentations (often due to delayed attendance or non-compliance with medication), and extreme blood results, such as a sodium of 112, than the UK. The manifestations of delays in treating were clear to see. I saw



Me outside the A&E department

many cases to reflect on how things could have been done differently. This was a useful skill to begin to develop.

The hospital is quite well equipped, and the hospital building was one of the best built in Tonga, this is largely due to investment from Japan and China. Government health services are free of charge but physical access to care is limited for those in isolated villages or islands as most care is centralised. Although doctors are well trained, many tests that would be routinely ordered in the UK were either not available or too expensive to carry out regularly. Hence, clinical judgement and reasoning were required. This is something I will take into my future practice: it's very easy in the UK to just order tests without properly thinking why they are required. Hence, careful clinical reasoning and rationalising which tests are ordered was a very useful skill to observe and begin to develop. However, there was often a lack of certainty over a patients' medical condition due to the lack of tests performed. The doctors didn't seem to have much interest in getting the correct diagnosis or finding out the reason for something if it wasn't required for treatment. The staff also had to be resourceful, for example, using bottles of saline as weights for traction on bones.

Sadly, many of the diseases would have less severe consequences with better education and earlier intervention. Diabetes is a huge problem: many patients had above knee amputations for infections that could have been treated or prevented with improved diabetic control. Diet and lifestyle contribute to healthcare issues. Food mainly comes from subsistence farming and imported canned goods, with carbohydrate rich foods, such as yams and limited fruit and vegetables. This, together with the laid-back way of life and the fact most Tongans drive everywhere, leading to limited exercise, contributes to an obesity crisis facing the country. Infections, including gastroenteritis and Dengue, were common and could be reduced through improved infection control including education on handwashing. Family planning is a taboo subject and there is poor contraception uptake leading to large families and women presenting very late in their pregnancies. Traditional Tongan medicines were common and have a major impact on health, delaying the start of evidence-based healthcare and frequently exacerbating issues. Seeing the impact of these cultural differences on healthcare was interesting.

Death seemed less stigmatised than in the UK. Tongans appeared more accepting of patients dying, including children. Following death, there was a celebration of life, with cemeteries colourful and happy places. This was an interesting difference that both affects and reflects clinical practice. A lack of treatment options, including absence of chemotherapy, means patients are put into a 'palliative pathway', largely being sent home with only painkillers.

In the hospital setting there were limited infection control measures and less emphasis on health and safety with infrequent use of gloves, safety goggles and handwashing. The poor sharp safety and infection control would not have been tolerated in the UK. Patients

'isolated' with MRSA, weren't barrier nursed and family members were free to go in and out. This highlighted to me the importance of the procedures we have in place in the UK.

Healthcare in Tonga is more paternalistic than the UK. Shared decision making in the UK possibly improves compliance to medical treatments. Some major mistakes were not flagged and didn't lead to re-education or review which was concerning. Families do not appear to place blame on the medical profession if things go wrong.

My time in the surgical department was interesting: Surgeons would "have a go" at anything that came through the door, from above knee amputations, to paediatric urology surgery, to burr holes to drain subdural haemorrhages to skin grafts: true general surgery. Observing their resourcefulness with none of the specialisation and subspecialisation that occurs in the UK was fascinating.



Me in Hospital in Auckland

I also got to appreciate the patient experience, being admitted to Auckland Hospital en-route to Tonga with a Quinsy! This, my first experience of being in hospital as a patient receiving blood tests, IV medications, as well as a tonsillar incision and drain, was interesting (although horrible at the same time). I was impressed with New Zealand's 24-hour walk-in centres allowing easy access to primary care, although most people have to pay to see a GP. I was relieved there was a reciprocal agreement between the UK and New Zealand so that the cost of urgent care is covered by the NHS. I also appreciated Wesleyan travel insurance who paid out quickly for rearranged flights and accommodation.

My elective was not all work. On the way to Tonga, we saw some of the sights of North Island, New Zealand for 5 days, visiting Auckland, Roturua and Hobbiton! In Tonga, we spent time on some of Tonga's beautiful beaches, had the opportunity to swim with Humpback whales and experienced a Tongan feast and fire dance.



Hobbiton

Elective students from other UK medical schools were on placement at the same hospital which enriched our time there.



Beautiful Tongan Beaches



The 3-headed palm tree- one of the highlights of Tonga



A traditional Tongan Feast

On the way back to England, we stopped off in Sydney for 5 days and met up with a friend who had spent her elective in New Zealand.



Sydney

Tonga was a lovely country. It was very laid back, with everything happening on “Tonga time”, meaning nothing was planned and things got done when they got done. It was also very safe, and people were very trusting and friendly. We had to get used to people shouting “palangi” to us (which means white person. Everything in Tonga closes on Sunday

as it is a deeply Christian country- this was a culture shock as we are so used to everything still being open on weekends in the UK!



Sam and I in traditional Tongan dress for church

We didn't enjoy the lack of sound control laws with bells ringing and roosters crowing at 4am! As well as the roosters, there were lots of stray dogs and pigs throughout the island, but few other animals, apart from flying foxes (huge bats). There didn't seem to be much enforcement of road laws either as most Tongans texted while driving and the whole family sat on the flatbed on the back of trucks!

The traditional Tongan food was largely yam, with canned meat, however, there were lots of restaurants, with some Italian, Burger and Chinese restaurants. We did, however, miss fresh milk and fruit and vegetables! Normally Tonga would have had lots of fruit, including mango and papaya, however, Cyclone Gita struck in February, which destroyed most of the trees - coconuts were only just returning to the menu. It was sad to see the massive impact cyclones have on small, developing countries such as Tonga first hand- many buildings were still in a state of disrepair.



Overall, my elective exceeded my expectations. I enjoyed getting hands-on experience of health care in a different setting and I gained confidence in my abilities through the responsibilities afforded me.

I would like to thank Selwyn College for the travel grant towards the cost of my elective.