

Elective report for Vaiola Hospital, Tonga

I would like to begin by thanking all those responsible for the Selwyn Medical Elective Fund for the generous donation made towards my elective expenses.



About Tonga

The Kingdom of Tonga is an archipelago of 169 islands in the South Pacific of which ~30 are inhabited. The total population of the country is approximately 100,000 with ~65,000 on the largest island (Tongatapu) in and around the capital, Nuku'alofa. Although the country receives many tourists every year, these mostly visit the peripheral islands. Tongatapu is very much a “real life” island where the population lives and works.

Tonga has long been known as “the friendly islands” because of its warm and welcoming culture, which we noticed from the start. Although very different from the UK and in places quite deprived, we experienced great generosity and kindness from the locals and we soon realised that this was a safe place to be.

The Kingdom of Tonga is also synonymous with Christianity since the early European landings in the late 18th century which marked the transition to modern day Tonga. The main denominations are the Wesleyan Free Church (the official denomination of the Kingdom) and the Church of Jesus Christ and Latter Day Saints (Mormonism); the Mormon churches seemed some of the most lavish and extensive building complexes on the island. The influence of religion is most pronounced on Sunday when the whole country seems to come to a standstill: *very few businesses operate and the majority of the population will spend the day in church and at home, eating and sleeping.*

Tongan people are generally bilingual, with Tongan spoken socially and English as a more official language. In the hospital, conversations between doctors were a mixture of English and Tongan and more formal conversations (e.g. presenting a patient case or teaching) were usually in English. Ward rounds however were usually in Tongan when speaking to the patient, with some English when the juniors presented (or when they were teaching me).

About Vaiola Hospital

Vaiola hospital is the major hospital for the nation (although there are small facilities on the other islands). It has four wards (medicine, surgery, obstetrics and paediatrics) as well as an A&E, outpatient department, pharmacy, dentistry, radiology department, laboratory, mortuary, nursing school and café. Although compact, they offer enough services to manage the vast majority of patients who come through the door with the occasional patient being transferred the 1,500 miles to Auckland for more specialist care (e.g. rare diseases and some cancer patients with disease amenable to treatment).

Within the surgical department there are ~40 beds available on the ward, covered by one consultant, two registrars and three to five interns (foundation year/house officer equivalents). In the operating department, there were three theatres (two main and one septic), a recovery ward and an endoscopy room. There was also a break room where lunch was generously served daily for free.

Surgery in Tonga is *truly* general with one surgical team covering all surgical specialties. Most cases were trauma/orthopaedics, general surgery, plastics, paediatric surgery and minor operations.

Tongan healthcare system

The Tongan healthcare system is state-funded much like the NHS, but patients pay a “room rent” for their stay. This is either 5 Pa’anga (~£2) per day for a bed in a bay of four with shared bathroom or 30 Pa’anga for a private room with *en suite*.

The surgical department

A diagnosis of type 2 diabetes mellitus was extremely common in the surgical department (I estimate >2/3 patients) meaning many patients were admitted for complications of poorly managed diabetes. In the vast majority of cases this manifested as diabetic foot sepsis (DFS), infections and cellulitis/necrotising fasciitis. Conservative measures (iodine dressings and antibiotics) were sometimes attempted although as many presented late, amputations of various degrees were common. How common these procedures were had initially shocked me as amputations are rare in the UK and traumatic for the patients involved. People seemed fairly stoical in Tonga and amputations were typically carried out under only spinal anaesthesia!

Many problems I saw were also common in the UK (appendicitis, colorectal cancer, upper and lower endoscopies for gastrointestinal symptoms) as well as a few rarities which I was lucky to see, including two evacuations of subdural haemorrhages.

As the surgery was so general, I had fantastic exposure to a wide variety of surgical procedures ranging from open appendectomies (where I often assisted) to craniotomies. Theatres in Tonga are well-equipped for the most part with modern anaesthetic machines and operating tables, diathermy machines and endoscopes. The main differences were that the drapes were reusable and sterilised between operations and sterility was perhaps not quite as strictly enforced in Tongan theatres as in the UK (for example, I saw a nurse spraying air freshener mid-amputation).

Reflection on my experiences

I noticed that the medical culture was more paternalistic in Tonga in that there was little to no *shared* decision making when it came to operations: patients were generally *told* rather than *advised* that they would be having an operation. This seemed to be more of a cultural phenomenon than substandard communications skills and patients seemed very trusting of their surgeons.

Pain was not managed as adequately in Tonga as it is in the UK and patients were generally expected to bear the pain. Morphine was available and used as needed, although I saw many patients (including children) crying in pain when being examined (especially burns patients) which was shocking for me to see.

Antibiotic stewardship was not stringent with many patients prescribed cephalosporins as first-line antibiotics. These seemed effective against the majority of bacteria here, although I wonder how long this will last with the current practices. Other antibiotics were available, but not used as often.

The sense of community in Tonga was enormous: patients always had family with them or evidence they had been (copious amounts of food and home comforts at the bedside). This was encouraging to see and very few patients lived alone which meant delayed discharges (due to unsupported living) were rare. In addition to family care, the church was a huge influence in people's lives with many listening to radio prayers and hymns throughout the day. It would be fantastic to see a similar community spirit in the UK to support ill and recovering people as it would bring both quality of life and economic benefits.

Outside of the hospital, there was a fantastic range of opportunities to experience the country. By far the most memorable was the day we were taken on a boat, miles out into the Pacific Ocean, provided with snorkelling equipment and swam with a humpback whale mother and calf. We were only a handful of meters away and to be so close to an enormous animal was an experience we will never forget.

