



## Goroka- A medical student's perspective

In January 2005 I arrived in Goroka for a 5-week placement at the Goroka Hospital, in the highlands of Papua New Guinea.

I had seen photographs and videos of Goroka town and hospital, but despite this I was not prepared for the shock I experienced when I first looked around. Despite everything I had seen and heard, I never understood any of it in its true context until I was right in the heart of it.

My initial shock when I arrived at the hospital was the people, sick or in pain, standing in huge queues but managing a grin and a good morning. Over time I began to notice more the lack of facilities, and the often genius ways that the doctors and nurses could use the resources that they had. Many times I thought how much wastage there is in 1<sup>st</sup> world hospitals, and how much I had taken for granted at home.

A prominent example is shortly after I arrived the water ran out for 3 days. Water used to drink and cook patient's food, wash hands, clothes and linen, flush toilets, clean the floors, and cool the patients with fevers. I had never considered the importance of it within the hospital or the possibility of losing water to a town for days on end, and the result was dramatic. Water was shipped in from other towns but never enough, hands and clothes were unwashed, and children were suffering seriously from dehydration. The smell was unlike anything I had experienced before, but loss of water to Goroka is not uncommon. It was something they can do nothing about, so deal with it the best they can without complaint.

There are many other examples: malaria treatment had run out so people were dying that would not have been if they had been in Australia, many vaccines did not work as they need to be refrigerated and sometimes this is not possible, oxygen runs out from time to time, and the paediatric ward is the only ward privileged to have soap for hand washing between patients. They had to use blunt episiotomy scissors, and though this was only a minor problem, it strangely seems to be something that more people cringe about.

A young boy was dying of what the doctor's thought was leukaemia, and I naively asked why they didn't do the appropriate tests to determine if this is what it was and then treat it. There was no laboratory that could do these tests, and even if the condition was determined the medication is too expensive or completely unavailable, so all they could do was treat supportively until eventually the boy died. Furthermore, the parents of the boy mourned and wrapped him up in his blankets, then thanked all of the staff individually before heading home.

It was, however, not long before I adjusted the way things were, and like everyone else used and appreciated the facilities that were available. The experience as a student was absolutely brilliant. I was taught and allowed to do certain procedures that in Australia I would be watching from the back of a crowd. These included lumbar punctures, pleural and abdominal taps, neonatal resuscitation, numerous deliveries of babies, episiotomies and rupture of membranes, and so on. There were many conditions I had rarely if ever seen in the western world. Tuberculosis and HIV were rife, as was meningitis, typhoid, malaria, scabies, and numerous tropical diseases. I saw polio and tetanus for the first time, and again appreciated the availability and promotion of vaccination in Australia.

The Goroka culture was a huge eye opener, and the local people are by far the most hospitable and undemanding people I have ever come across. Friendly and happy, they carry the attitude "what's mine is yours", and I would walk around the town greeted by hundreds of "morning" "apenun" or "goodnights". I was in a house on the medical grounds next to a lovely lady who looked after us, and she lived in her 2-room house with her mother, daughter, and many grandchildren. She took me under her wing for my stay and one day I was lucky enough to go out to her home village, where we feasted on a mu-mu, a pork and vegetable feast.

However, there was a darker side that sadly cannot be ignored. When the sun went down there would no longer be any women seen around town, and it became dangerous to be on the wrong side of our surrounding barbed wire fences. The emergency room was often filled with the victims of tribal warfare and domestic violence, and there are many more that do not make it in. Sexual abuse and STDs were common in the women, and even more horrifically, the children.



My time in Goroka not only gave me a huge appreciation for facilities at home, but also made me quite angry that a country so nearby us could have so little. I find it frustrating that the amazing attitude they carried, "what's mine is yours", is not reciprocated from our country to theirs. I do believe (and sincerely hope) this is largely a lack of awareness rather than a lack of willingness on our part, and admittedly before 12 months ago I had never heard of Goroka, the town that changed my outlook on medicine and on life.

I would definitely recommend the experience to anyone who would be thinking about visiting Papua New Guinea, and am hoping to go back myself later in my career.