



Committed to international aid

As I approach retirement I feel a great sense of purpose visiting the Pacific Islands and feel I can make a small contribution

In a career which began in the mountains of Papua New Guinea (PNG) and which now spans 35 years, general surgeon David Freedman has ducked the spears and arrows of a tribal war and has worked around the piglets frequently brought into the wards by visitors.

He has collaborated with a laundry-man-cum-anaesthetist who, as an expert in post mortems, taught him how and where to look for unusual methods of murder such as the practice of perforating the rectum of a drunken victim with a spear. He has operated with only the flashes of lightning to guide him and has used a sterilised wire coat hanger to set a jaw.

In other areas of the South Pacific, Mr Freedman has treated the gunshot wounds of an escaped prisoner under the angry glare of a gun-toting army officer, provided reports on murder victims and spent countless hours attempting to

explain the merits of surgery over the powers of witch doctors and traditional healers.

Based at the Victorian regional centre of Swan Hill, Mr Freedman remains passionately committed to international aid work, even as he approaches retirement. Recently he spent two weeks in the tropical paradise of Samoa as part of an AusAid funded College Pacific Islands Project visit. He talks to *Surgical News*.

What was the purpose of the trip?

We were asked to go Samoa to assist and support the General Surgical Teams at the Tupua Tamasese Meaole Hospital in Apia.

Who went?

On this visit I was accompanied by a surgical Trainee, Dr Luke Bradshaw, from St Vincent's Hospital in Melbourne. He gave valuable

assistance and conducted many of the teaching sessions including lectures at the University Medical School.

What did you do there?

We participated in daily surgical ward rounds and twice-weekly grand rounds, we conducted out-patient clinics and assisted with consultations in the emergency department. We performed a number of operations including thyroidectomies, surgery for obstructive jaundice, laparotomies, hernia repairs and the stripping and ligation of varicose veins. We also gave a presentation to the medical staff on the diagnosis and management of common anal conditions, conducted teaching sessions and tutorials for medical students at the Oceania School of Medicine and assisted with, and advised on the purchase of some medical equipment.

How would you describe the condition of the hospital and the state of health services there?

The hospital facilities are quite poor by Australian standards. Apart from a lack of manpower and expertise, the physical state of the buildings is challenging. Despite this there has been a great improvement in infrastructure, equipment and manpower since my first visit here two years ago. This has been in no small part the result of considerable aid from donor countries. New buildings have been constructed and some of the existing facilities refurbished. The hospital has gained both a CT and ultrasound machine and the Chinese Government has supplied staff to operate and report on these investigations. However, much of the electronic equipment is difficult to service and, when such equipment breaks down, can take months to fix. There is no radiotherapy or chemotherapy performed in the country and many laboratory tests we take for granted in Australia – such as thyroid function tests – are not available in Samoa. Despite amputation being a common procedure for diabetic PVD, there are no facilities for prostheses.

What do you think of Samoa?

Although I have worked briefly in other South Pacific countries, notably PNG, Vanuatu and the Solomon Islands, Samoa remains my favourite. It is easy to understand why Robert Lewis Stephenson made it his home and chose to reside in Apia where his old residence has become a tourist attraction. Samoa is breathtaking in its natural beauty with quaint villages full of brightly coloured houses set against the brilliant green tropical rain forest. The beaches are pristine with white sand and clear turquoise water. There is an abundance of marine life for snorkelling, which rivals our Great Barrier Reef and is only metres from the water's edge. The Samoan people are handsome in appearance and quite gentle, polite and graceful in nature.

What do you like about working in such countries?

I find the surgical work interesting and challenging in all these places. Surgical pathology is often more advanced than one finds here in Australia because of late presentation. Some patients are also prepared to first try traditional medical procedures before attending the hospital. We are also made very welcome as general surgeons because although the general surgeons in these countries welcome visits by the sub-specialities, they are few in

number and relatively infrequent. As a result the general surgeons at times have to expand their surgical repertoires. For example, I understand there has been no urologist visit Samoa for almost 12 months. In general, the spectrum of surgery in the South Pacific Islands is a little different to that in Australia. There is a high incidence of abscesses, pyomyositis, tropical ulcerated osteomyelitis, as well as diseases like tuberculosis and leprosy. There are also regional differences in trauma cases, for example, the incidence of domestic violence is extremely high in Vanuatu and the Solomon Islands but very low in Samoa. Road trauma remains a major problem in all of the South Pacific nations.



Top: Patient with a goitre, ready to be removed
Above: Patient happy after surgery



there, Mr Samson Mesol. Vanuatu has a population of 200,000.

What are the advantages and disadvantages of life in a regional centre?

I have worked as a general surgeon in Swan Hill for the past 33 years. I enjoy working with country people because in the main they are honest, hard-working and straightforward. A country medical practice has the added social dimension both with patients and staff, making any relationships more complex and interesting. However, the great disadvantage is the necessity of being on-call much more frequently than in a city practice. I have worked a one-in-two roster for 30 years,



David Freedman in Samoa

What is the role of the general surgeon in such aid visits?

The role of the general surgeon is pivotal in these nations as most operations are performed by them and there is a great lack of manpower in this regard. In Samoa, for example, with its population of 180,000 people, there are only two general surgeons and one orthopaedic surgeon. In Vanuatu, where I spent a month last year, there had been no surgeon in the country for six months before my arrival and there is now only one general surgeon working

but over the past three, this has extended to one-in-four which is much more acceptable.

Why continue with international aid work?

As I approach retirement I feel a great sense of purpose visiting the Pacific Islands and feel I can make a small contribution. I recommend to any surgeon in a similar position to consider volunteering in the Pacific Islands Projects and I am sure he or she would find it a rich and rewarding experience.