

Bob teaching local intern Dr. Tama how to do a simple excision.



## Teaching and treating in West Timor

It's the educational component that seems to drive Bob Sillar beyond the personal reward associated with treating people in such obvious need

New South Wales general surgeon Dr Bob Sillar first experienced the engrossing challenge of international humanitarian work when he joined a College managed program to work out of Dili hospital not long after East Timor's hard-won independence. Taking time away from his busy Newcastle-based practice, Dr Sillar worked for three months in 2002 alongside teams from the United Nations mandated to run the hospital and help restore order from the chaos of conflict.

He enjoyed it so much, that upon his return to Australia he volunteered his services to the Overseas Specialist Surgical Association of Australia (OSSAA) and the Flinders Overseas Health Group to work specifically in the impoverished areas of West Timor.

Since then, he has travelled there for two-week visits at least once each year and now,

since winding back his private practice and entering semi-retirement, he has been to the region four times in the past 12 months

"Even though OSSAA has its roots in plastic and reconstructive surgery, there was a very strong need for the involvement of general surgeons," Dr Sillar said.

"Most of my work in Newcastle was broad based involving trauma, abdominal, head and neck and oncology related surgery which made me reasonably well skilled for the wide ranging demands needed in a place like West Timor."

Dr Sillar has worked principally in public general hospitals in the provincial towns of Soe, Kefamananu and at the Hospital in Halilulik run by Catholic SSpS order of nuns.

Nusa Tenggara Timur is the one of the poorest provinces in Indonesia and the medical needs in many areas are essentially unmet.

He said these regional areas had few specialists which meant that the visiting teams from Australia were not only warmly welcomed by the people, but seen by the health authorities as an important component of health delivery.

"In NTT, health care is not free outside that offered by the not-for-profit groups such as OSSAA," Dr Sillar said.

"The region has a population of four million people with the major referral provincial hospital located in Kupang, while the district hospitals are staffed mainly by junior resident doctors from Java doing a compulsory rotation and some regional general practitioners.

"These doctors, despite their inexperience with complex cases and their lack of resources, are of pivotal importance, some of whom provide an obstetric and basic general surgical need, so every time we go we make it a priority



Sisters Kerrie Nicholls and Penny Craig with woman who has large ovarian tumour.

Below: Bob Sillar demonstrating the value of ultrasound in the diagnosis of an intrabdominal mass.



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now conduct their own agendas. In November last year I went to the regional Hospital at Kefamananu and the team didn't take a theatre sister and required only one anaesthetist for two surgeons in view of the pool of competent local staff. This seemed to me to be a small step in the ideal of making ourselves redundant.

“In an area like West Timor there are virtually no diagnostic technologies so there is much reliance on the history and physical findings. Lumps and bumps are prevalent and it is important that the local doctors are able to differentiate a simple lipoma from more serious pathology. I'm old enough to remember what surgical practice was like before the investigative facilities that we have today and I must admit I enjoy digging into the memory bank. Recently on a trip to Halilulik in the eastern part of West Timor, I took a small portable ultrasound machine and found it an invaluable diagnostic aid.

“The Udana Medical School has recently started in Kupang with a selection bias towards students from the NTT area. The initial intake of students is now in its third year and four students and a lecturer accompanied us on a trip to Kefamananu last year and I believe they benefited greatly from the teaching and liaison with the visiting team. This no doubt has strengthened the ties between Udana and the Flinders Medical School. I was informed by the Dean that the Udana Faculty considers the visiting medical teams a valuable clinical resource. The output of a large number of locally trained doctors is likely to have to have a big impact on the delivery of health care in the region.”

Dr Sillar said that word of an impending visit is spread through the church network and

several hundred may present to the triaging clinic which can be very confronting on arrival. He said those to be treated were chosen on the basis of not only need, but the likely outcome of surgery in the environment, the availability of adequate post operative care and the distance and cost associated with their travel to the hospital.

“These are very poor communities, particularly outside Kupang, and when they hear of a team visit and that the services are free there is, of course, huge excitement and hope because for some people this might be the only chance to have their problem treated. The possible natural history of the pathology is an important consideration and for this reason it is often better, in an environment where there are few surgical services, to operate on a hernia rather than a large asymptomatic goitre. These are hard decisions and there are a lot of disappointed people, but it is important that we don't leave problems behind,” Dr Sillar said.

Dr Sillar said that while infectious diseases, malnutrition and congenital abnormalities remained the major health issues affecting the people of West Timor, advanced pathology, rarely seen in Australia, present a challenge to the visiting teams particularly when the operating facilities are limited. Amongst his more memorable cases were two young women with massive ovarian tumours.

These tumours, once removed and weighed, were shown to have made up a third of the patients' body weight which was quite incredible, he said.

“They recovered quickly and as you can imagine were very happy young women.”

*With Karen Murphy*

to up-skill and further train as many as we can.”

It is this educational component that seems to drive Dr Sillar beyond the personal reward associated with treating people in such obvious need.

“The educational aspect to me is the most exciting part of this work and I don't think I'd be so committed and enthusiastic if I didn't think I could make a lasting difference. Operating on 40 or 50 patients at a time is helpful, but not going to produce the long term benefit that a structured educational and training program will achieve” he said.

“We work alongside the local doctors and nurses whose enthusiasm to learn is exemplary and in recent times it's been extremely gratifying to see that real progress has been made. The capacity building programs initiated eight years ago has developed to the extent that in some hospitals the medical and nursing staff,