Visit to Fuvamulah Via Friends of Maldives

A Personal View

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1.0 Background

My particular expertise is a paediatric consultant from a large tertiary teaching hospital in the UK. My remit there is a tertiary specialist in paediatric gastroenterology, but I am also the team leader for general paediatric medicine and I contribute to the child protection service. I was enrolled on to this programme via the Friends of Maldives. The request was for 4 weeks, which is impossible for most specialists working in medicine in the UK, so a 2 week attachment was agreed. It was decided that I would be placed in Fuvahmulah given the lack of paediatric expertise there. This would include an overnight stay in Addu and a chance to do a clinic there. At every stage we have been warmly welcomed and every aspect of our stay has been attended to with great kindness, especially by Mohammed Ismail and Mr Fathullah the administrators at Gn Hospital.

2.0 Scope of work

The team was asked to provide a **teaching programme on audit and quality improvements in healthcare (clinical governance)**. Fiona Campbell is my wife and also on the team. It would be expected that her placements would be discussed with me prior to any decisions made. As such she delivered this programme locally at Fuvahmulah together with me. This work culminated in a report on breast feeding and growth of children, this is submitted as a separate report.

The deputy health minister Mariyam Ali asked me to look at the **child protection procedures**. This is submitted as a separate report.

Clinical Medicine, I carried out daily clinics seeing 18-25 children.

Whilst on Fuvahmulah I was to carry out a programme of teaching in **neonatal resuscitation**.

Appropriate use of drugs (antibiotics) and **exclusive breast feeding** were issues highlighted by Mr Mohammed Saeed the Area Medical Officer in charge for the Southern Atolls, that should be examined.

3.0 Hospitals of Hithaddu and Fuvahmulah

The views expressed are largely drawn from Gn Hospital Fuvahmulah where the majority of my time was spent. Staff were always welcoming and co-operative. Hospitality was generous and consistently given in a manner that was very touching and kind. Locals are quite rightly proud of their country and Island.

3.1 Medical Staff

At Addu I met with 2 doctors involved with delivering the paediatric service. Very quickly I detected 2 things that were consistent at both Fuvahmulah and Addu. Firstly, patients demands are quite high, particularly for antibiotics. Secondly, doctors feel antagonism at times from patients. It is perceived that complaints from patients directly to the MoH affect employment opportunities, may lead to termination or relocation without a right of reply. As such doctors feel little enthusiasm to follow any WHO or other guidelines on prescribing, but will tend to do what patients want (or what they perceive patients want). On the day of my arrival a mother threatened to have an Indian doctor killed if he did not give, “the right medicines”. The mother did not deny this. I have had it reported that a doctor was assaulted in 2007 and had his ear badly lacerated as a terminally ill child with leukaemia (diagnosed in India) died on the ward. No hospital or police investigation or charges brought against the perpetrator. Assaults seem rare, but doctors would seem to have some justification for over prescribing of antibiotics. No public health information exists to correct the public perception of antibiotic use.

On the other hand, management and patients view doctors as uncaring and not especially competent. Reports of uncaring attitudes were brought to me, but not

specifically about anyone in particular. It seems though that Maldivian hospitals are dependent on Indian expertise.
It seems that there are problems on both sides.

Impressions:
Good diagnostic facilities and good medical service for a small population requiring resident specialization and in patient facilities due to geographic isolation rather than pressing medical need.
Concerns were noted at the use of many drugs without clear indications, this included antibiotics. This included intravenous antibiotics, nearly always third generation cephalosporins, quinolones or second generation macrolides. There also were excessive use of IV fluids. Doctors felt on safer ground from patient complaints if they erred on the side of aggressive treatment.

3.2 Nursing staff

This will be dealt with by Fiona Campbell in her personal view.

3.3 Hospital Administration

Extremely welcoming and open to any work we were doing on neonatal resuscitation teaching and clinical audit. The hospitals are immaculately clean and would put most NHS institutions to shame.

3.4 Clinical medicine

Many children with minor illnesses, URTI, constipation, minor growth concerns that were not of any significance. It was clear that some had recent D+V and were treated with septrin, flagyl, ondansetron and loperamide (and ORS).
A number of children who had been to Colombo or India attended for second opinions, with MRI scans and pituitary function tests. Units of measurement would not be the same as the UK for many blood tests. This included a severely delayed child with a genetic problem (undefined) with multiple haemangionas,

buphthalmos, hemihypertrophy, co-arctation, AR polycystic kidney disease, severe developmental delay (3/12 old). Discussed gastrostomy and ophthalmology monitoring of ocular pressures. Also saw two children with definite or probable cerebral toxoplasmosis, secundum ASD (echo report presented to me!), GH deficiency, cerebral AVM with cortical bleed, β-thal major, chronic haemolytic anaemia and PUO (turned out to be typhoid).

Many staff members wanted to have their children reviewed, which I viewed as a priority. A few had children with complex health needs, others needed lactulose. Patients would attend for a "ticket" at 3 am. As such the clinic numbers grew, but had to be tempered by the types of problems that were presenting and the other tasks that Fiona and I were attending to.

4.0 Neonatal Resuscitation

Three evening teaching sessions on physiology and practice. Home made videos and pictures were used. Nurses and 2 doctors attended these sessions and were followed up with 2 consolidation sessions (quizzes with prizes).

A separate session was held for the doctors (medical officers), only 3 attended. This included the use of resuscitation drugs. Laminated flow sheets are now on the delivery ward and the side ward in theatres including a crib sheet for drug doses for term babies (I assume all are the same weight with a single volume to give of each drug and in what order).

To improve the doctors' attendance I offered a medical update on gastroenterology as a separate teaching session.

5.0 Child protection

See separate report

6.0 Audit combined with breast feeding

In order to illustrate the concept of quality improvement as applied common sense with effort, we undertook two audits (split in to three tasks) using the local staff. Survey of exclusive breast feeding by age in babies under 6 months and growth velocities in children under 2 years of age (as a consequence of the fall off in breast feeding rates). For results and summary see separate report.

7.0 Appropriate use of antibiotics

I felt it was inappropriate to do a teaching session on this topic, given the issues that had come to light. I think more time is needed on this issue. Doctors will not be lectured to, especially if they have some practical constraints that they cannot solve themselves. A patient's charter, with rights and responsibilities may help, with a zero tolerance to verbal and physical abuse of staff. As such the doctors and nurses would have responsibilities to the patients that they would have to likewise fulfil.

8.0 Impressions of Fuvahmulah Island

The island is proudly known for being unique, and by inference the islanders likewise, maybe a little like Geordies or Cockneys! The Atoll comprised of a single island, its' isolation and agricultural prosperity due to fresh water lakes, high rain fall and and industrious population justify those views of uniqueness. The natural beauty however is marred to an extent by the amount of refuse and rubbish left on the beaches, thrown in to the sea from passing ships, and from the rats that live off that rubbish. Litter is a major health problem. Wild cats are in abundance and feed off the rats. It is no accident that scrub typhus found a niche here in the last decade and toxoplasmosis is not rare.

People seem quite prosperous, most have flat screen televisions, mobile phones and motorbikes. Education is prized highly for boys and girls and families make enormous sacrifices to achieve university degrees for their children.

Food was good, excellent fish and spicey masooney (tuna, coconut, lemon and chile) eaten for breakfast.

9.0 Summary and conclusions

We have been wonderfully cared for and looked after by the staff at Fuvahmulah and Addu. There seems so much that is positive. The child protection issues are a strong concern, I just do not understand why they are problem of the size they are. Some systemic changes are needed at levels of health and social services in order to protect children from sexual assault by adults living on the island.

Working relationships appear very positive between staff, yet there are tensions from patients and towards patients that affects the quality of care given.

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