

## Teaching in Fiji: Practising medicine, coping with coups

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**W**hen I first arrived at the Fiji School of Medicine in February 1987 as its only surgical tutor, I asked to see the curriculum. "Just teach all of surgery in 12 weeks", I was told by the irrepressible Professor Harry Lander. "We have the infinitely flexible curriculum." I learned just how true those words were when, 10 months later, I was asked to take over as acting head of the school.

You may wonder how a young Canadian surgeon, still wet behind the ears after being defrosted in Fiji — I had just spent a year on Newfoundland's icy Great Northern Peninsula — ended up in the unenviable position of "running" a medical school with a faculty of six full-time staff. It had something to do with coups, the temporary withdrawal of Australian aid funding, and the "slings and arrows of outrageous fortune".

The Fiji School of Medicine has an honourable, century-long history of training indigenous doctors and paramedics for the South Pacific region. Hundreds of graduates have completed their courses in medicine, dental therapy, radiography, physiotherapy, laboratory technology,

dietetics and health inspection, and most have returned to their home countries, from the Solomons to Niue. Many have found places in government — the current president of Tuvalu, the vice-president of the Federated States of Micronesia, and the recently deposed prime minister of Fiji.

These medical and paramedical graduates have combined with government policies directed at improving primary health care — more extensive immunization programs and so on — to improve health indicators in Fiji over the past decade. Infant mortality in the country, which is made up of 322 islands and has a population of roughly 700 000, is now 21/1000 — Australia's figure is 10 and Papua New Guinea's estimate is 98 — and life expectancy has risen to 63 years, 11 years better than Papua New Guinea's 52 years. However, chronic diseases such as diabetes and ischemic heart disease are gaining ground on the ubiquitous infectious diseases; fortunately, Fiji is free of malaria.

Improved access to primary health care has led to increasing demands and expectations of the curative and hospital services. As a consequence, the 4-year diploma in surgery and medicine course offered at the Fiji school was upgraded to a 6-year MB, BS course in the early 1980s. The degree is awarded by the University of the South Pacific in Suva,

while the Ministry of Health has retained control of the staffing and budget.

There was little appreciation of the costs involved in properly staffing and equipping a degree-level course, and at times both the Fijian government and the regional university have regretted the upgrading, and their unusual relationship. However, the first 20 MB, BS graduates were hooded in December 1987.

The key to the school's past success has been its low budget (about \$3000 per student per year) and a practical, community-oriented curriculum that reflects the needs of the region. Ironically, it was the recent efforts to upgrade the medical diploma that led to the school's current shortage of staff and its near closure last year.

Another contributing factor was the coup that took place in May 1987, and a brief review of Fiji's history is necessary to understand the recent turmoil.

Fiji was ceded to Britain in 1874 and even though its Commonwealth membership has lapsed, the British Royal Family is still revered by the common people — pictures of the Queen or her progeny are on display in most living rooms.

The colonialists brought Indian indentured labourers to work in the cane fields a century ago, and they prospered. They now match the indigenous Melano-Fijians in number. The Fijians

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have always controlled their land — 85% is in native trust — and land is the most valuable commodity to an islander.

Fiji gained its independence from Great Britain in 1970, and its constitution was carefully tailored to achieve political balance between the Indian and Fijian communities. However, Fijian chiefs had been elected to the highest political offices for the first 17 years following independence. In the meantime, the Indians had come to dominate the professions and economic life.

That delicate balance shifted in April 1987 when the Coalition Party, a multiracial party that had the backing of a majority of Indians, the labour movement and some Melano-Fijian commoners, was elected. Afterwards, extremist Melano-Fijian segments emerged and expressed fears about losing political and land-holding power. They demanded perpetual political control by Melano-Fijian chiefs.

Some of the most radical groups burned Indian shops and threatened to exile or kill the nation's 350 000 Fijian-Indians. The military — 95% of the soldiers are Melano-Fijians — took control and deposed the new government 5 weeks after its election.

Early on the morning of May 14, 1987, Harry Lander was excitedly reading a invitation to meet with the new prime minister to discuss the school's rosy outlook and its possible incorporation as a full faculty of the University of the South Pacific. Within an hour his hopes, and those of many others, were dashed by a "bloodless" coup undertaken by Lieutenant-Colonel (now Major-General) Sitiveni Rabuka. The prime minister was jailed — he was later released — while the political power structures teetered and eventually shifted in October, when Rabuka declared himself leader of the new Republic of Fiji following a second coup.

In the days immediately after "coup one", I was on call at Suva's 400-bed Colonial War Memorial Hospital, where I



**Fijian drinks yagona, traditional ceremonial beverage**

shared the surgical duties with two other consultant surgeons. My immediate fear was that I would be called to attend to a wounded or tortured political leader. Late one evening, as I was finishing an appendectomy, I was informed by the operator that "some soldiers" wanted me in the x-ray department. Fear gripped my gut. I wandered down, hoping that my surgical greens would intimidate them. Unfortunately, they also wore greens, camouflage ones; with M-16 rifles by their sides, they weren't too intimidated either.

Their patient was an arrested parliamentarian who had twisted his previously injured hip while wrestling with his captors. The soldiers were quite concerned and we managed to admit the prisoner, to the relief of everyone. He recovered. There have been other disconcerting, but isolated, incidents of misbehaviour by soldiers over the past year, and more numerous incidents involving roaming, violent mischief-makers. On the whole, though, the country has remained secure and safe.

I have been called to attend to some unfortunate victims of racial animosity. One was Ekta, a 10-year-old Fijian-Indian girl whose left arm was nearly completely severed by a psychotic Melano-Fijian "patriot". There

was a tremendous outburst of public sympathy for the girl, and I enjoyed temporary fame as "the Canadian doctor who sewed Ekta's arm back on".

It has been exciting to explore the breadth and depth of real old-fashioned general surgery in the South Pacific. My skills have been stretched by night-time craniotomies, an emergency pneumonectomy for massive hemoptysis due to bronchiectasis, a successful Whipple's operation for ampullary carcinoma, reimplantation of a severed ureter, and other challenging urologic, orthopedic and pediatric surgical problems.

But back to the Fiji School of Medicine. Following the coups, nine of the fifteen medical teachers left. Several local doctors emigrated because of their dismay at the political events, and five Australians were told to depart due to the suspension of Australian aid funding. Three Australians were later able to convince their government to let them stay.

One-third of the country's 350 doctors left Fiji between March 1987 and March 1988. Most of those who left were Fijian-Indians whose political party had been ousted by force and who saw no future for themselves or their families in a country where racism was surfacing. The loss of skilled people in all



professions has devastated Fiji, and it will need to attract expatriate experts for many years. The loss of doctors made the continuation of the degree course even more vital, since it graduates 18 new interns per year. To fill the gaps in the short term, doctors have been recruited from China and elsewhere.

When Professor Lander was "withdrawn" in January 1988 — fortunately, he was able to stay in Fiji as an adviser — I was asked to act as head of a school with 150 medical students and a faculty of five. I had come for reasons of altruism and adventure, and as part of my service as a member of the Baha'i Faith. My salary support through World University Services of Canada was maintained. Since Canada

does not have a bilateral aid program with Fiji, the Canadian government didn't have to make any difficult decisions about how to respond to the coups. So I, my wife, and two rowdy sons aged 3 and 5, stayed.

Since January 1988 the school has acquired five more permanent staff members and has kept operational through the 3-month visits by 10 tutors from Canada, New Zealand, Australia and the World Health Organization. The three Canadian participants are funded by the Canadian International Development Agency. We anticipate the arrival of another 10 long-term staff recruits, which will allow the MB, BS course to continue in 1989.

The near loss of the school and the depletion of manpower

has had a demoralizing effect on the health services, but those who stayed behind pulled together, as usually happens. The Fijian government, which used to have an ambivalent stance towards the school, now seems committed to keeping it going, both as a matter of national pride and national need. This has meant that the school budget was being maintained while the rest of the ministries were coping with a 30% budget cut, plus a 33% currency devaluation.

Aid funding has returned in buckets, with countries trying to win back influence in the new Fiji. Unfortunately, this has made the school more dependent than ever on expatriate teachers. It will be another 10 to 15 years before the school can hope to be staffed by its own graduates; establishment of locally based postgraduate training programs would help.

The present arrangement, under which the Ministry of Health runs the school while the University of the South Pacific awards an "external" degree, has contributed to the school's near demise. Its future will only be assured when the funding and political resolve can be found to make the school a truly regional academic institution, with the medical course integrated into the University of the South Pacific.

Canada has contributed significantly to regional Pacific organizations over the years. Among these are the university, which is governed by 11 nations in the region, the South Pacific Bureau for Economic Cooperation, and the regional Marine Studies Unit. It seems clear to an outsider that such regional cooperation, especially in educational institutions, is vital when the population bases and economies are so small.

As for me, a new full-time dean took over administration of the school in March, and I was able to return to my role as the sole surgical teacher. Administration was fun, but I'll be glad to spend more time in the operating theatre. ■



**Soldier at Government House: Fiji had six governments in 1988**