

BUILDING SKILLS

Australian trained surgeon Dr Fred Boseto is using his skills to help his home country

PHIL CROWE
NSW FELLOW

For many Australian and New Zealand surgeons who volunteer their time to work in the Pacific Islands, the motivation to do so often varies. Many will enjoy the 'warm and fuzzy' that glows when we help our near neighbours who are less fortunate than we are. It is often a sense of adventure and operating outside our comfort zones that is a motivation for others, but for Dr Fred Boseto, a general surgeon based in Bathurst, NSW, the motivation is a bit different.

Fred comes from a village on the island of Choiseul, one of the many islands of the Western Province of the Solomon Islands. Fred first came to Australia in 1997 and was accepted on the Surgical Training Program in 1998 at the Prince of Wales Hospital in Sydney. As Fred approached the end of his training, civil unrest threw the Solomon Islands into turmoil. The capital, Honiara, was burnt and ransacked and the Regional Assistance Mission to the Solomon Islands (RAMSI) force of upwards of 2,000 police was sent to the Solomons in an attempt to restore order. With a young family, Fred decided to remain in Australia and after stints in Darwin and Alice Springs, he is now a successful general surgeon in the central tablelands of NSW.

Although Dr Boseto left the Solomons 15 years ago, and the RAMSI force is now down to 150 personnel, nothing much has changed in the third world nation's health services. So in 2012, Fred began regular visits back to his home in the Western Solomons to provide basic surgical services. He has been accompanied on these trips by colleagues from Bathurst, surgeon Dr Neil Meulman and

an anaesthetist, Dr Andrew Dubyk. A fourth surgical visit was recently completed by Dr Boseto, accompanied by Professor Philip Crowe and Dr Anthony Hull from Prince of Wales Hospital, and they were ably assisted by two theatre nurses from Lithgow Hospital.

The trip began with a visit to the chronically underfunded National Referral Hospital in Honiara which exemplified the difficulties of delivering surgical services in the Solomon Islands. The Solomon Islands' Government spends an average of (US) \$99 per person per year on health services, compared to Australia's \$5,000 per person per year. However, after travelling by plane then canoe to Gizo in the Western Province, the perception dramatically changes.

The Japanese Government recently completed a superbly designed and well-built hospital with excellent surgical facilities. Unfortunately, there are no surgeons or anaesthetists based at the 100-bed hospital and surgical care is delivered intermittently by in-country specialists visiting from Honiara or Munda or overseas teams.

Important visits

During the recent visit in September/October last year, the visiting surgical team performed 100 consultations and operated on 50 patients during the 10-day visit. The range of procedures done was broad: hernia repair, hysterectomy, repair of wound from crocodile attack, open prostatectomy, parotidectomy, laparoscopic cholecystectomy and laparoscopic appendicectomy to name a few. The local surgical Trainee from Honiara was present for all the major procedures performed by the visiting team, and this capacity building has been an important part of these trips to the Solomons. ▶

L-R: OT nurse Tammy Mackenzie, Dr Fred Boseto, Professor Philip Crowe and Dr Michael Buin (surgical trainee registrar from Honiara)



L-R: OT nurse Patricia Worth,
Dr Andrew Soma (Gizo doctor)
and Dr Anthony Hull



The case of Mrs Kareba illustrates the problems of managing common surgical conditions in the Solomons. Mrs Kareba gave a good history for a bowel cancer, but there were no facilities to confirm the diagnosis, (other than by abdominal ultrasound). Rather than travel a full day to Honiara for further investigations, away from her family and friends, she was quite happy to die of the consequences of her likely diagnosis.

Even in Honiara, a biopsy is of no value as there are no histopathological services in Honiara; all specimens being sent to Brisbane, where the results are returned three months later. Mrs Kareba was fortunate that the visiting team was able to operate and remove what was indeed a localised sigmoid colon cancer that was almost certainly curative.

These visits are now being held twice a year, with one visit a year supported by the Pacific Islands Program (PIP) being managed by the College on behalf of the Australian DFAT. However, if Fred Boseto has his way, there will be many more visits and not just from general surgeons, but from surgeons of any specialty that might help improve the surgical care of his people.

Thank-you

The College extends a big thank you to Cook Medical, which donated a new StoneBreaker pneumatic lithotripter to the Pacific Islands Program in April. This equipment will enable RACS' volunteer urologists to perform kidney and bladder stone removal surgery using minimal invasive surgery techniques, for the improvement of surgical post-op recovery of patients in the Pacific region.



Helen Postma, RACS Medical Equipment Coordinator,
Kell Jones, Cook Medical National Sales Manager and
Justine Moran, Cook Medical Territory Manager.

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