125 Years Celebration

EDITORIAL

PROGRESS IN MEDICAL EDUCATION AT THE FIJI SCHOOL OF MEDICINE

Fiji's Minister for Health, the Honourable Edward Beddoes made an announcement in the House of Representatives on 6 December, 1979 that in October this year the USP suggested that a joint committee consisting of members of the University and the Ministry of Health and Fiji School of Medicine officials study the recommendations contained therein to ascertain the various consequences of the report if it is accepted.

— Government will then study this submission and make a firm decision and I personally trust that the recommendations will be of such a nature that Government will be able to award degrees to the graduates at the earliest possible time". The announcement follows an earlier decision of the Cabinet to approach the University of the South Pacific to award degrees to the graduates of the Fiji School of Medicine. The Government in early 1978 had asked the University of the South Pacific to investigate the proposal to award degrees.

During October 1978, at the invitation of the University, a WHO team of Consultants reviewed the staffing, resources and facilities at the School of Medicine. This team of Deans submitted their report to the University in February 1979. The Senate and the Council of the University of the South Pacific agreed in principal to award the degrees on an external basis provided the recommendations of the experts are implemented. The report has suggested strengthening of staff and improvement of facilities and resources.

This interesting turn in Medical Education, which augurs well for the status of the Fiji Medical graduates, is a consequence of a series of events since 1966. Sir Charles Morris in his report of the Higher Education Mission to the South Pacific commenting on the Fiji School of Medicine, said, "Education work is becoming a little more advanced and comprehensive with every year that passes and no one can doubt that in due time, and appropriate for the circumstances and needs of the region it will become a full professional and graduate School of Medicine". Sir Norman Alexander's report on the University of the South Pacific (1967) suggested that there should be semi-autonomous institutions within the frame work of the University. These institutions of which Fiji School of Medicine would be one, would award diplomas. The USP Commission on Medical Education (Irvine at al) reported to the USP Council in October 1971. All FSM operations were recommended to be incorporated in a School of Health Sciences of University of the South Pacific; the medical course was recommended to be increased to six years and raised to degree level; a 2 year "condensed" MB course was recommended for existing diploma holders; the Pharmacy course was recommended to be restarted; a three year Health Officer course was recommended to be started to train health workers to undertake first line clinical care and public health duties. The USP Council received the report and referred it to an ad hoc committee to investigate Government reactions and USP financial implications if it was to be implemented. The committee had not met by the end of 1972. In September 1972 the University Council authorised the Vice-Chancellor to ask Fiji Government to request the World Health Organisation to supply a Consultant to carry out the term of reference of the ad hoc committee. However, things remained very much in the dark as to the outcome of "Irvine Report". It is believed that the "Irvine Report" had "to be shelved" because of the high cost involved in the implementation of its recommendations. A fresh move by the incumbent Principal of the Fiji School of Medicine was made in 1977, wherein he submitted to the Advisory Council of the School a proposal for a degree course. The Advisory Council endorsed the proposal and submitted it to the Minister for Health. The proposal was for Fiji School of Medicine to grant a Bachelors degree in Medicine. However, because of differences in the profession on the nature of the degree whether it should be a MD or MBBS the Cabinet, while sympathetic to award of a degree in Medicine to FSM graduates, through the Minister for Health invited the USP to investigate the proposal.

The announcement by the Minister for Health at this time is very encouraging and commendable. The Vice Chancellor Dr J Maraj and the Senate of the University are to be congratulated for their decision and for their sincerity and cooperation in their efforts to upgrade the status of the qualification of the FSM graduates. The University as a degree granting body would require the following criteria to be fulfilled:

(i) that curricula and prescription for courses involved in the programmes of study are approved by the University.

(ii) that level and quality of staffing for teaching these programmes are satisfactory to the University

(iii) that arrangements are made for provision of approved external assessors to report to the University on academic standards of teaching and of the courses.

Much progress have been made in the Fiji School of Medicine since the WHO Consultants report was made available to the Senate of the University. Considerable improvements have been made in upgrading and replacement of equipment in the Physiology and Biochemistry laboratories. A new teaching laboratory in Pathology is now in operation; a new clinical library with an addition of over 500 new volumes was opened this year at the basement of the Hoodless House complex.

Upgrading of the Medical course to degree level would mean recruitment of more staff and improvement of facilities. The Fiji Medical Association appeals to friendly nations and commercial organisations and International organisations to assist the Fiji School of Medicine to recruit required manpower and basic resources so that it could meet the requirements laid down by the WHO Consultants before a Bachelors degree in Medicine could be awarded by the University of the South Pacific.

Speech by the Minister for Health, Honourable Edward James Beddoes, Fiji.

It gives me great pleasure to be here again this afternoon to honour the young people who, after their various periods of training, have emerged, ready to serve and to service the health needs of their community. For some of you it has been five years since you left school, for others perhaps only two, but irrespective of the length of time it has taken you to attain the level of competence you possess to-day you should be proud of your achievement and you have every justification for being so. You have persevered and worked hard and you deserve your reward.

For those of you who are graduating, to-day will mark one of the milestones in your life. It is a time to sit back and reflect on the love and nurturing that your parents, relatives and friends have provided for you and to acknowledge the role that your teachers in school and lecturers and staff at medical school have played in making you what you are. I am sure that you feel a sense of indebtedness and deep gratitude to all those along the line who have added to your knowledge and who have influenced, moulded and consolidated your thoughts, feelings and attitudes to give you a mature outlook on life in general.

It is difficult to stereotype the true health worker but I believe that a necessary characteristic is an altruistic attitude — a record for others as a principle of all actions. Whether you become a doctor in a rural hospital or a dietician in a city hospital make sure that your first priority is to fulfilling the health needs of those who seek your help. Health care delivery is a service and you should be always mindful of this fact. Every member of a health team from the consultant to the nurse to the dental therapist, has been assigned a role in the society in order to serve that society. No doubt there are numerous opportunities that will arise for exploiting such a role but your conviction and your training will hopefully suppress and overcome any desires to do so.

Integrity is a word that one hears and reads about often. I will remind you that it means wholeness, soundness, uprightness and honesty. The medical profession prides itself on the integrity of its members. There are various codes of ethics, both written and unwritten, which you will be expected to maintain and adhere to. Moral fibre is a quality that you must all possess in order to function correctly according to society's expectations. Doctors and other health workers have unique privileges attached to their respective professions. Within minutes of meeting a person for the first time you will learn of the most intimate details about that person. Sometimes you may even know more than that persons spouse. Under no circumstances must you divulge this information. In other words, confidentiality must be observed at all times. The patient has put his trust in you and in return you must honour that trust.

Society also has many non-medical expectations of health workers. Especially in rural areas you will be regarded as a leader in the community. Whatever your personal feelings are I would suggest that it would be extremely difficult to shrug off this role. Therefore, I would ask that you conduct yourselves as model citizens, in whatever communities you may find yourselves and ensure that behaviour is exemplary. As members of your profession I would ask that you conduct yourselves to bring your profession and yourselves credit and honour. Wherever you may be, whatever you may be doing remember the saying —

"Do What You Do, Do Well"

it is as applicable now as it was on the day it was first coined. To give of one's best at all times is a noble virtue which you must all adopt to steer you through your chosen professions.

As I have already stated the medical profession brings with it many privileges and perks which are just rewards for a job well done. In addition to emoluments and the prestige that your position provides there will be the unequalled satisfaction obtained from treating a fellow human for a disease condition or from

alleviating his suffering. If you have made the depressed person smile, if you have given the waiting mother her newborn child, if you have given the insomniac his first full night's sleep, if you have alleviated the suffering and pain of an accident victim then the satisfaction obtained from seeing these things happen is reward enough for your efforts.

To be a good health practitioner requires certain sacrifices on your part. You may not get to spend evening or week-end with your families while your services are required in the hospital. No doubt this way impose certain tensions and strains on your relationships but I hope your spouses and your children will come to understand how the very nature of your work demands that you spend long hours away from home. If I may be so bold as to say this — "There are also risks which are attached to the role of health practitioner, especially for those of you who are becoming doctors. Statistics from industrialised countries show that more doctors, when compared to the rest of the population, end up as alcoholics, or addicted to the drugs they prescribe for anxiety, insomnia and depression and most seriously as suicide victims. In short, the road of good doctoring has many pitfalls. I think that if you are aware of these aspects from the outset you will plan your careers to minimise these risks. Should you ever become highly stressed and pressured in your work relaise and accept that even doctors sometimes need doctoring. After all, you are only humans just like the patients that you treat.

Before you enter the hospital environment as fully fledged professionals, perhaps it would be appropriate if you all accepted the limitations of medical knowledge. None of us are gods and there will be many questions for which we cannot provide answers. There are conditions for which there are no known cures or causes and it would be only natural to feel frustrated and despaired when one is faced with them. However, you must all realise that man, with all his knowledge of the sciences and the arts and his delvings into philosophy is relatively naive in the face of all we experience around us and in us. You will not be expected to perform miracles or magical illusions and when dealing with terminal or serious cases I would ask that you impress this fact on the people with whom you deal. At all times remember that your primary aim is to comfort always. Secondly, you are expected to alleviate suffering often. Do not be afraid or ashamed of showing tenderness and sympathy for your patients. A well placed reassuring pat here and a well timed smile there can do wonders. Thirdly, remember that the doctor is expected to cure sometimes. You are not superhuman and society does not expect the impossible of you.

Although I have mentioned this at earlier stages I would like to focus your attention on your dealings with patients. Remember that when you are practising health care on a patient the person that you see before you is the product of many factors be they social, economic, environmental or health related. As such, I would ask that you treat each patient as a unique individual. I am sure you have learnt that a little boy is much more than just a small scale version of a grown man. He has conditions and requirements which are unique to him. The labourer who comes in every week complaining of a back ache for which you cannot find any apparent cause may be subconsciously expressing dissatisfaction at his job or a need for a little personal attention. At least, do not deny him a hearing. You may have heard this before but I implore that you treat each patient as a whole person and not just as a disease entity. I hope that we here in Fiji, and also those of you who come from the neighbouring island states, will never reach the stage when a patient is viewed as a potential market on which to try the "medical factory's" latest products. The personal approach at all times will stand you in good stead — this is a time proven formula.

We are all aware that rapid improvements are being made every day in the field of medical science and technology. The medical literature abounds with information about these developments and no effort or finance is spared in advertising them. It would perhaps be wise if I sounded a word of caution here. We in this country have to operate within financial and manpower constraints, and therefore you the health workers will need to ascertain the pros and cons of a technologically orientated health care delivery system. For the moment, government policy would seem to rule out such a system. There may come a time when the medical establishment will push for sophisticated diagnostic and curative machines and if it ever came to this I would ask that you keep foremost in your minds that your first responsibility is to the patient. You should ask yourselves if most of the people will obtain the maximum benefit, most of the time, at a price that the country can afford.

During your years of practice you will receive both praise and criticism in your work. Be humble in your acceptance of praise but do not be too angered or distressed when criticism is hurled your way. All of us are accountable to society. For those of you whose training costs have been borne by your governments you are also accountable to the taxpayers. Stand up to criticism by logically and sensibly justifying your actions and be firm in your decisions.

Finally I would like to welcome you all into the ministry of health. I feel a deep sense of pride in the knowledge that you have worked hard and are now ready to join the health teams of your various countries. I sincerely hope that your work will be a life-long commitment to the improvement and maintenance of good, sound

health for the people you serve. Remember that specific technical and scientific knowledge is necessary in your respective professions. That is what you have been acquiring up till now. How you put that knowledge to use in the communities that you will serve is the art of health care and healing.

I would like to take this opportunity of congratulating all the graduates once again and wishing you all the very best in your careers.

May you all have a safe, happy Christmas and may the New Year bring new challenges and prosperity to all.

ADDRESS BY PRINCIPAL, DR. B. PATHIK

As usual this year we have fourteen graduands in Medicine. (Two had graduated in March), five in Dentistry — two of whom are from Papua New Guinea.

When the Papua New Guinea Dental School closed down, temporarily a request was made to the School by the PNG Authorities to enrol the students. We are pleased that we are able to accept these students and that they would graduate today. Today we are graduating ten Medical Assistants. Their addition to the Health Services would make a total of twenty six Medical Assistants in Fiji. We have noted with pleasure that Medical Assistants have been well accepted in the Community they serve and their performance in primary health care has been reassuring. We have also noted that these Medical Assistants are taking over some of the Health Centres which were previously manned by Medical Officers. Although no formal evaluation has been done to assess their performance and the objectives of their training, from the reports we have received, we are satisfied that the Medical Assistants are playing their desired role in the delivery of Primary Health Care.

The Pharmacy Technology Course has been a unqualified success. For this, I would like to pay a special tribute to Mr Patrick Keefe, the Course Director and his team for their effort to revive this course after a lapse of ten years and have put it on a solid footing.

You will notice that this year, that Assistant Health Inspectors do not appear on the Graduation List. The Assistant Health Inspector course is now a two year course.

At the end of one year's theoretical work, Assistant Health Inspectors would be required to work in the field for a year under supervision. They will graduate after satisfactory report of their work and final practical assessment. The future of the Royal Society of Health (London) Examination in Public Health Inspection will need a thorough consideration, whether this course continues or be replaced by a local examination.

As in the last three years, we had again this year a group of seven External Examiners for eight major disciplines in the Medical Course. These External Examiners were prominent Professors and clinicians from New Zealand in preclinical and clinical disciplines. We firmly believe that standards of education should be maintained at a high level and from this reason we hope that this scheme financed by the New Zealand Government should continue.

In the Medical Course we had our ups and downs. We were without a full time Surgical Tutor for most of this year. We were fortunate, however, to have the services of Dr Patrick Alley of the Auckland Medical School, whose attachment to the School was made possible through timely assistance from the New Zealand High Commission.

On the brighter side of staffing, I must say that we have some good recruitment on the preclinical side of teaching. We were fortunate to have Dr Nallini Shameen reinstated as Lecturer in Anatomy and Mr Shiva Reddy as Lecturer in Biochemistry. Both are experienced teachers and we look forward for their contribution to Medical education. In the preclinical sciences, Dr Francis Sims an Eminent Chemical Pathologist from New Zealand has offered his services free of charge to teach pathology. We deeply appreciate Dr Sim's gesture especially at a time when it was difficult to find someone locally to share the burden of teaching such a comprehensive discipline.

The Clinicians at the Suva and Lautoka Hospitals continued to give their wholehearted support towards improving clinical competence of our students. On the other hand, our full time staff have integrated well in the hospital units and have contributed to service commitments.

For a Tertiary institution like ours, it is very important that full complement of staffing is ensured at all time.

The School has reached a very crucial stage in its development. My staff and colleagues have read with much interest and enthusiasm the report on the Fiji School of Medicine which has been incorporated with the Report of the Select Committee on Health Services. During 1978 an International Committee, at the invitation of the University of the South Pacific reviewed the staffing, reasources and facilities at the School of Medicine with a view to awarding degrees in Medicine. The International Committee made its recommendations to the University. We understand that the Council of the University was agreed in principle to award degrees in Medicine provided that the recommendations of the experts are implemented. The report has suggested strengthening of the staff and improvement of facilities and resources. We hope that positive steps will be taken to ensure that

graduates of this School were given status of their qualifications — something which has been long over due.

The introduction of seventh forms in Fiji and proposed phasing out of the Preliminary Science Programme will have important implications to the Medical Course. At present the USP conducts the first year i.e. Preliminary II (Medical). While we welcome the introduction of Seventh form in High Schools in Fiji there may be a lot of wisdom in retaining the first year of the Medical Course at U.S.P. after seventh form.

The School staff would soon be deliberating on this important issue which could have far reaching effects if the future directions are not delineated at, this stage. Perhaps we might be able to reduce disturbingly high drop out rate in the second year, if the preclinical component of the course was lengthened by at least six months.

Time has come for review of the Medical Curriculum. We are mindful of the past and present achievements of this institution. However, these we should not be complacent about it. The Medical School should look forward and not backward in its training programme. We agree with the concept that ecuation and research programmes within the Medical School should be relevant to the Health Care needs and resources of the countries. There have been quite rapid changes in the patterns discussions and environmental conditions and sometimes it happens that there is substantial delay before these changes are reflected in altered education and research programmes. With the progressive growth of scientific knowledge content becomes too large to be comprehended by an individual mind. Hence, it is now important to teach the students how to learn rather than just what to learn. There is a need to improve the educational skills of teachers by establishment of courses in teaching techniques, curriculum planning, instructional design, evaluation and measurement. Hence, it will be necessary to organise in future workshops for teachers in health profession in general education."

PERINATAL MORTALITY IN FIJI

INTRODUCTION

Perinatal Mortality is defined as late foetal deaths or stillbirths plus infant deaths within 7 days after birth. It is customarily expressed as rate per 1000 total births. Early neonatal mortality is death within 7 days after birth and is customarily expressed as rate per 1000 live births. Both indices are sensitive indicators of the quality of antenatal care, delivery service and neonatal care provided by the Country Health Service.

Prior to 1970 perinatal mortality statistics were either non-existent or scarce because of lack of reporting or a system for doing so. Whatever statistics reported were usually from work of interested personnel and through their own effort within their units in the hospital or Division. Such was the case with Dr D.J. Lancaster, Consultant Obstetrician and Gynaecologist at C.W.M. Hospital from 1964-71. While representing Fiji at the VTH Asian Congress of Obstetric and Gynaecology in Djarkata, Indonesia in 1971 he reported the following Statistics: 1

Combined Stillbirths and Neonatal Death Rates

Year	Fijian	Indian	Total
1965	56.5	99.7	82.2 per 100 births
1970	24.2	50.3	40.8 per 1000 births

In 1971 reporting of Foetal and Neonatal deaths were standardised with the introduction of Consolidated Monthly Returns, Foetal Death registers and Monthly Obstetric Ward returns. These returns ensured wider coverage and consequently the accuracy and reliability of Perinatal Mortality Statistics in Fiji. This paper reviews Perinatal and Early Neonatal Mortality for the period 1974-1978.

FINDINGS

Perinatal Mortality By Race 1974-78

Year	Fijian	Indian	Others	Rate/1000 Total Births
1974	16.9 (134)	43.8 (369)	27.7 (24)	30.9 (527)
1975	19.2 (142)	41.8 (352)	23.4 (20)	30.6 (514)
1976	21.7 (176)	36.2 (321)	14.7 (13)	28.8 (510)
1977	18.4 (159)	33.2 (296)	27.2 (25)	26.2 (480)
1978	15.2 (138)	32.8 (319)	10.9 (11)	23.8 (468)

Figures in parenthesis are absolute number of deaths

(M. Med) and can be recommended to the University of the South Pacific.

What then am I proposing? In summary

a) A B. Sc. (Med after 3 or 4 years study. An occasional student who is unsuited to clinical work may change to a more laboratory orientated career after obtaining this degree. Most students would go on to the B. Med.

b) A B. Med after 5 or 6 years study leading to provisional registration as a medical practitioner.

c) An internship (residency) period of 1 to 2 years which could include some rural practice under supervision for full registration and a certificate issued by a Medical Board.

d) For those wishing to specialise in a clinical, laboratory or community health subject, a four year training programme leading to an M. Med. degree and registration as a specialist.

e) For those academically and research minded, a Mastership in Medical Science and for those whose work is of the highest calibre a Doctorate in Medicine (D.M.) or Doctorate in Medical Science (D. Med. Sci).

I hope the University of the South Pacific will take this letter as well as your erudite editorial into consideration when they are debating this important subject.

H.J. Woodliff
Professor of Pathology
University of Papua New Guinea

*I have proposed this elsewhere but funding is needed and the whole matter requires further debate as to its desirability.

Unfair discrimination' in salary differential between local and overseas graduates

Your recent comment on this matter (Editorial, August 1979) is timely. Differential salaries do cause resentment and this will increase as more and more local graduates reach the highest specialist standards. At present the expatriate is given a higher salary to attract him to a post which cannot as yet be filled by a national and to compensate to some extent for the extra expenses of travelling to and living in a 'foreign land'. A method used in some countries, but not so far as I know in our area, which might be preferred, is for all to receive a local salary and for expatriates to receive a subsidy from their own country, in their own country, which would cover their commitments at home. This might make recruitment easier and lessen any ill feelings that the present system engenders.

H.J. Woodliff Professor of Pathology
University of Papua New Guinea

Graduates—1979

Diploma of Surgery and Medicine

Abdul Wahid Khan	(Fiji)
Airambiata Kaitara Metai	(Kiribati)
Amrita Devi Singh	(Fiji)
Bijend Prasad Ram (March)	(Fiji)
Chandra Kumar Reddy	(Fiji)
Colin Fonotau Tukuitonga	(Niue)
Frank Smith	(Western Samoa)
Galib Nur Ali	(Fiji)
Hemant Kumar Singh	(Fiji)
Mohammed Shahidul Hasan	(Fiji)
Robert Charles Burness (March)	(Fiji)
Roshni Lata Prasad	(Fiji)
Shiri Dutt	(Fiji)
Tauta Perise McCaig	(Western Samoa)
Usha Kiran Pratap	(Fiji)
Ushra Kiran Ram	(Fiji)

Diploma in Dental Surgery

Anjana Devi Ali	(Fiji)
Ashok Kumar Singh	(Fiji)
Gregory Hepil Mainao	(Papua New-Guinea)
Mathew Gawi Falan	(Papua New-Guinea)
Sachidanand Raju	(Fiji)

Certificates of Primary Health Care

Albert Joseph Whippy	(Fiji)
Amrit Lal	(Fiji)
Isaia Loisi Taualapini	(Western Samoa)
Josiffini Qativi Waqainabete	(Fiji)
Kitione Rawalai	(Fiji)
Man Mohan Lal	(Fiji)
Mere Sauya Tabuadravu	(Fiji)
Mere Baubau Haulo	(Fiji)
Mitieli Temo Viniasi	(Fiji)
Rauni Moceiovalau Tikoinayau	(Fiji)

Diploma in Public Health Inspection for General Overseas Appointments Royal Society of Health (London)

Bijay Chand	(Fiji)
Hari Nadan	(Fiji)
Nacanieli Bulivou Kotoiwasawasa	(Fiji)
Philip Komai Lewenavanua	(Fiji)

Certificate in Dental Hygiene Therapy

Manjula Wati Ram	(Fiji)
Mehar Angez Nisha Buksh	(Fiji)
Ram Kewal (January)	(Fiji)
Rukhmani Ram	(Fiji)
Sashi Prabha Bans	(Fiji)
Satya Wati Narayan	(Fiji)
Subhag Wati Prakash	(Fiji)
Sudha Kumari	(Fiji)
Sushila Armogam (January)	(Fiji)
Usha Wati Singh	(Fiji)
Vaseva Seruvatu (January)	(Fiji)
Volau Lakai Finau	(Fiji)

(Source: Fiji Medical Journal, January 1980.)