

Politics and primary care: A focus on Fiji

Neil SHARMA

Department of Primary Care/General Practice, Fiji School of Medicine, University of South Pacific, Suva, Fiji

Until recently roadblocks were mounted to secure law and order. What a grim sight it was. Traffic was brought to a stop, armed soldiers in battle fatigues and camouflaged uniforms with chits of paper looked into your cars and car boots and signaled you on though the maze of barbed wire and metal snakes which blew the tyres of nervous drivers trying to weave unsuccessfully through the maze. On the roadside were other soldiers with loaded machine guns stationed behind sandbag shelters that kept an eye out for the uncertain. A 2 km drive to work for me meant going through three such inspections at one stage. Mind you, the Middle East has taught our soldiers great skills, including patience. For that we were grateful. It is now a milestone to see all the roadblocks gone!

Consequences of political unrest

Political instability impacts negatively on many aspects of life including the standards of healthcare planning, delivery and appraisal. This report focuses on the recent events which engulfed Fiji in 2000–2001, highlighting the following issues:

- The physical damage to primary health care providers' premises in the central business district of Suva.
- The general difficulties for the public of accessing medical services due to fear, roadblocks and curfews.
- The preliminary difficulties of dealing with the emotional trauma to internally displaced/refugees by a small group of brave general practitioners.
- The gradual but sustained loss of medical manpower and the importance of sustaining and nurturing primary health carers' ongoing educational needs and professional development activities in all this political adversity.

Fiji remains a multiethnic, multicultural nation of 800 000 people in the South Pacific. Just over half the population are of ethnic Fijian origin, approximately 40% are of East Indian ancestry and the rest are a mix of islanders, Europeans and Chinese descent. A pot-pourri of people once living in harmony, whom Pope John Paul II described, as how the world should be.

The rampant physical damage to offices, shops and business houses in the capital, Suva was swift and painstakingly complete within a few hours. Several general practitioners offices were damaged for no reason other than the fact they were en route for the looting masse. Several practitioners relocated their premises straight away, others left as curfews were established and military checkpoints became mandatory. People became fearful of entering the central business district as daily rumours of violence and civil unrest permeated through the media and on the grapevine. As business dropped, practitioners relocated into residential areas, as they could not sustain the rentals in the central business district.

A small group of brave general practitioners gingerly arrived when they were needed at the newly established refugee camp in the western district. Having only basic supplies, minor injuries were treated with the stockpile of medication the Fiji College of General Practitioners keeps for nature's emergencies. This voluntary service continued for several weeks. We were however, least prepared for the emotional circumstances that followed. The physical and emotional trauma suffered by young and old still haunts those of us who tried to assist those simple country folk.

The incidence of psychosomatic disorders was very high. Sleep disturbances, aches and pains, fear of the dark and anybody of the other ethnic race were very much evident. Tearfulness, concerns about their children's health and educational prospects were permeating the camp. They demonstrated fears and concerns about their ancestral homes, farms, crops, stock and pets. Their fears about being homeless and the future were problematic, as there were no solutions but to hear them out and share their sorrows, pain and tears. The women folk were simple, domesticated and needed a lot of counseling. Fortunately, accompanying

Correspondence: Dr Neil Sharma, GPO Box 1297, Suva, Fiji.
Email: nsharma@is.com.fj

Accepted for publication 18 March 2002.

the preliminary group of doctors, went a wife who had trained as a nurse and counselor. Following this first counseling session a local team was organized to go in daily to assist with emotional support. Although the doctoring and counseling have now been stepped down, the refugees are still there with their basic needs of food, clothing and shelter. They are in dire need of a future too.

Within 12 months, 30% of the primary healthcare providers in the private sector have migrated as a direct result of this political event. The medical school has lost senior staff, as well in the area of primary care. Medical education and service delivery are being affected. There is obviously a changing disease pattern. Malnutrition, infection and anemia are on the increase. These are all secondary to poverty and unemployment, which the common people face, regardless of ethnicity.

Whether the lack of personal safety, need for security or the hope of a future without ethnic discrimination still remains unclear. People are migrating in droves.

The fact is that 500 people leave Fiji permanently each month. The primary healthcare providers are in this group as well, although these workers are needed more than ever. We are also losing other professionals, skilled workers and trades persons. Nobody in power, seems to be addressing these issues today.

Attempting to build on the chaos

In adverse political times, progressive organizations develop a vision and strategy for the short-term, at

least. The Fiji College of General Practitioners has under its present leadership aimed to continue its professional activities with all the enthusiasm necessary. Continuing medical educational and professional development activities have been sustained. For those who leave, it will serve to hasten their adaptation and for those that stick it out, additional skills will assist in their professional life. Despite losing out on traditional financial support from pharmaceutical organizations based in Australia, New Zealand and locally, the College has had to fund its ongoing educational programs from its reserves. How long the reserves will last is dependent on good management skills and prioritizing the several professional activities planned. We all pray that sanity returns to our shores soon.

So what of the future?

Fijian politics is a game of snakes and ladders. Tribes, clans, provincial, regional and 'chiefly' connections. The ethnic Fijians are split. We cannot wind back the clock to Governor Authur Gordon's Deed of Cession in 1897 and fast track their democratic development.

Hopefully, bridging the economic divide and Fijian education will eventually settle the turbulence, but the delays in addressing the political issues have resulted in the loss of many primary care professionals.

Newer disease patterns are emerging. Healthcare delivery will need to be modified to suit the difficult economic times. The Fiji College of General Practitioners continues to need the moral and professional assistance of Wonca and sister national organizations to sustain professional development programs.