



Chloé's New Caledonia and Asian medical trip : a young GP sharing experience.



ARTICLE 1: New Caledonia

First step of the trip :

New Caledonia : a French Pacific Island where independence will be voted on, in 2018, by referendum.

Nowadays, French residents can come to practice in New Caledonians hospitals and medical centers.

GP residency lasts three years in France. My residency in Paris had been a very good experience, but I didn't want to practice in such a big city. As a lover of travel, I wanted to combine a rural experience and travelling.

That's why I choose a health center in the North-East of New Caledonia for my last six months as a GP resident. The village's name is Pouebo. It is a very authentic place where nature and Kanak culture are omnipresent.

The people I care for, are almost all Kanaks - the people who lived here before British and French colonization.

Medical practice is, surprisingly, the same as in France for a lot of cases - chronic diseases, pediatrics, gynecology, oncology, palliative care, traumatology - except that there are more infectious/tropical diseases, even though New Caledonia is spared from some severe tropical diseases like malaria. The main tropical disease is listeriosis, and a big screening campaign is organized by the government to detect it early.

I also observed many emergency cases. That's probably because the medical center is 1 ½ hours from nearest hospital.

What is very different and interesting in working here is the Kanak culture, which is very rich.

For instance, ways of communication are different. Kanaks speak French like their mother tongue, so there are no language barriers, but they have some communication peculiarities.

To give you an example, instead of saying "oui" ("yes"), they put up their eyebrow without saying anything. In the beginning, I thought they didn't want to answer me. When I understood this peculiarity, it was easier to communicate. It also encouraged me to ask open-ended questions without yes/no answers,



Photo: Health center, Pouebo, New Caledonia.

which is a good exercise in general practice.

Kanaks live in strong communities. Everything is shared (money, houses, pets, nature). Society is organized into tribes and in Pouebo there are 16 of these.

Each tribe is comprised of two to four clans, which in turn, are comprised of two to four families. There is a chieftain for each level (family, clans, tribe). The title of "chieftain" is mostly given from father to son, like a patrilineal monarchy.



Photo: Typical Chieftain house (Lifou)

In each tribe, there is a healer. When a person is sick, they often go to see him first, to be treated with plant medicine - one for flu, one for wounds, one for insect bite. When plants do not work, patients go to the medical center.

Chloé Perdrix - a French GP travels Asia

When a severe disease is diagnosed, and the patient must go to hospital, they have to let the chieftain know about the situation, and have his approval.

For a sick kid, parents also have to consult his "uterus uncle" (the mother's brother) and have his approval to go to medical center or hospital. The "uterus uncle" has a big place in family and is as important as the father.

I've been in Pouebo for four months now. I want to share with you an intense experience : a delivery.

The medical team is comprised of two doctors, one GP resident, and three nurses who are in the medical center, seven days a week.

Normally, every pregnant women in Pouebo is hospitalized in the nearest maternity unit, one month before the expected delivery date. Unfortunately (or not), one of the pregnant women refused to be hospitalized.

Marie is one of the Pouebo's medical center doctors. She is young GP in her first five years. We both feared that this resistant woman would give birth during our on-call time. Consequently, we made a deal : if the woman came during either of our on-call shifts, we could call each other to ask for help.

It was on a Saturday morning, at 6 o'clock that I got a phone call from the nurse on-duty and Marie. The woman in question was in medical center, and she was in labor. Tachycardia (mine). Here was the moment that we feared.

When I arrived, the patient was having one contraction every 10 minutes, with a fully dilated cervix. I touched the amniotic sac. We didn't have the time to transfer the patient to hospital.

Fortunately, I had already helped to deliver several times during my gynecology internship, five years ago, and it all came back very quickly, like when you haven't cycled for a long time.

I remembered that I had to break the sac. I mustn't have the good technique because all the water splashed on me. (We laughed a lot remembering this moment). The baby arrived . I saw the head crown, asked to the mum to push, the baby's head was out!

I was in tachycardia again, what to do now? Looked at the mum: " It's not finished, push! push! push!"

With a last scream (no epidurals here) she pushed, and the baby slid out.

There was a 3,310 grams boy in my hands crying. Marie cut the umbilical cord . After a little

moment in mum's arms, Marie and Audrey put the baby in the incubator.

We waited after the delivery for 30 minutes, but the placenta didn't come. The hospital nurse on the phone said : "It's time to do an examination of uterus, you must do an artificial delivery". Neither Marie, nor I had experience in that, but we didn't have any choice. The complete placenta arrived after two uterine exams.

We finally transferred Mum and baby (named Doui) to hospital, both in good health. Mum didn't even have a vagina tear! We were proud.

It had lasted for two hours.

After that, the team had lunch and discussed this amazing experience. We had done it!! And we were not afraid anymore! This experience was amazing, and magic.

Mum and Doui came back to the health center several times for their postnatal care.

I love general practice specialty for that: we have a real patient following.

Thank you for reading my first story. Next stop : Malaysia!

Chloé



Photo: It's difficult to take a bad photo in New Caledonia (Isle Ouen, South of New Caledonia)

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