

East Arnhem Dreaming

Kim Lipszyc, Flinders University, MD3

It's the middle of July and as I sit writing this article, there's a soft 26-degree breeze and cockatoos screeching overhead. No, I'm not on a tropical holiday; this is just another day in the paradise of Nhulunbuy in East Arnhem Land. Nhulunbuy is the "hub" of East Arnhem, with a population of around 2,000. It's a quick 1-hour flight from Darwin, or, if you're game enough, over 1000km of 4WD track, which is inaccessible in the wet season.

Nhulunbuy is a mining town and a strange relationship exists whereby Rio Tinto has a lease on the town. Rio built most of the housing, infrastructure, several sports clubs and shops, but no McDonald's (yay!). In 2013, Rio laid off around 1000 workers. Not surprisingly, this had a medical outfall, including increased presentations of mental illness and resulted in the private GP clinic no longer being sustainable, due to much of the employed population leaving town. This has resulted in a large increase in the number of presentations to ED for relatively simple ailments, like coughs and colds. Currently a confusing system exists whereby the private GP clinic can only operate if there are doctors available, as rostering at the hospital takes priority. This can range anywhere from 1-3 days per week, leaving some of the locals waiting months to see a GP, with their only other option being to present to ED so that they can be seen in a timely manner.

There are two Aboriginal controlled health organisations, called Miwatj Health and Laynhapuy Homelands. Both of these coordinate care and transport of Aboriginal patients both "in town" and from the many traditional Homelands in East Arnhem. Laynhapuy even owns a fleet of small aircrafts for low-acuity patient transfers. This is one of the main differences in East Arnhem; the logistics of patient travel. If a patient does not "qualify" for a flight, they come in by "bush taxi", aka. An indestructible Toyota troop carrier with no seatbelts and poor suspension. A patient's journey may take anywhere from two to 12 hours, depending on the state of the 4WD track. After having my first experience in a troopie last weekend, I can say I now truly empathise with ill patients who need to travel this way.

Sometimes, despite the best logistically planning, the wildlife here decides to stuff it up for you. Recently, we had a lady who had been bitten by a snake in a remote outstation. Care flight was summoned, but unable to land on the airstrip as there was a wild buffalo running along it. Eventually the station owners shot the buffalo, but by then the plane had had to refuel at a neighbouring airstrip and then come back to collect the patient, who luckily hadn't been envenomated! Some of the local wildlife is also part of the Yolngu people's traditional diet, so one must always consider if patients have been eating dugong or turtle eggs when working them up for abdominal pain!

Gove District Hospital is just adorable. At only 32 beds, it comprises two wards and an ED. We are very fortunate in that we rotate through the "whole hospital", being maternity ward, the "general" ward (which literally has any and every presentation!)

and ED. We also have a five-week outreach placement with Miwatj health to an island community called Millingimbi. There are both permanent and visiting allied health and specialist doctors, and through networking, one is able to join them on their outreach services to tiny Homelands of only 100 or so people.

Some would argue that the pace here is too slow and boring, but I think it actually allows you to work up a patient properly and read up on guidelines and management. I find the medicine here just fascinating, from the local disease epidemiology, and social determinants of health, to the more cultural presentations, which add a layer of complexity to your differential diagnosis. For example, we had a woman who presented with iron deficiency anaemia and we eventually worked out that it was from eating clay for cultural reasons.

No amount of reading or “culturally appropriate” class time could have prepared me for coming up here. It really is a case of learning on the job, matching your interactions to a patient’s and being as respectful as possible. As I learn more about Yolngu culture, I understand a lot more about familial relationships, the traditional way of living and sadly, the sense of loss and fear that many Aboriginal Australian’s feel about losing their land, culture and traditions, and about losing many of their young ones to suicide, and drug and alcohol misuse. I have loved learning little bits of Yolngu and have been absolutely privileged to visit one of the Aboriginal homelands, where the family still lives a traditional lifestyle of hunter/gathering. I feel even more privileged to have experienced a sorry business ceremony of an elderly Yolngu man who passed away, which is one of the most powerful things I have witnessed since beginning medicine.

I urge every medical student to experience Aboriginal health, whether it be for a week or for a year. Creating meaningful relationships with the Yolngu people has been one of the most rewarding experiences of medical school and I most definitely see myself returning to the NT to complete my internship and future training 😊

Rio Tinto's exportation pier



So many beaches so little time...



Plenty of cute green tree frogs in our bathroom!



Learning some Yolngu in Nyinyikay Homelands



Travelling by troopie in “dry season”

