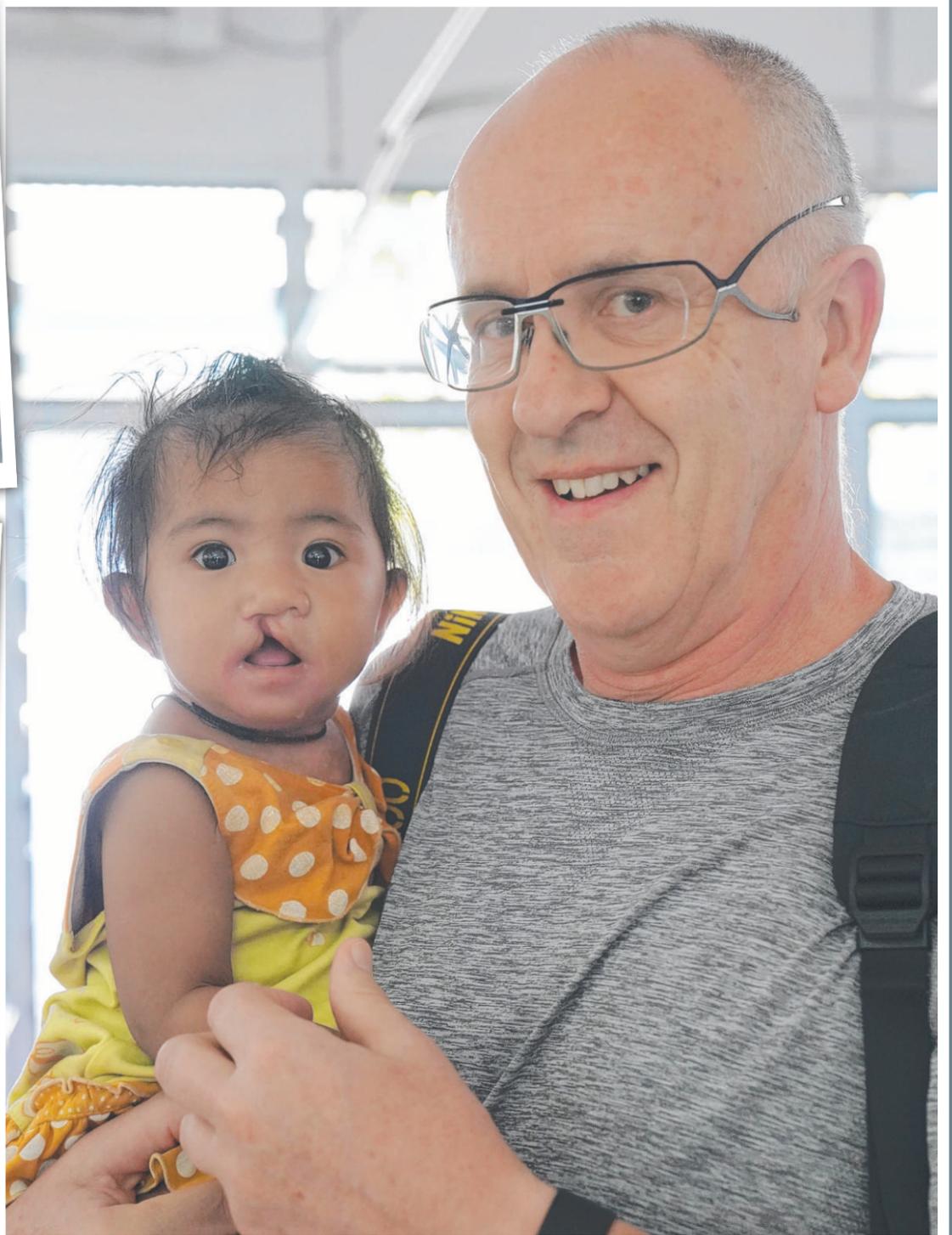


Medics on a mission



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“The end point is you want to train someone so you are no longer necessary,” Dr Moore says.

While for the Australian team a painful part of the process is assessing people and deciding who gets priority and surgery in the window of a week, the work training people like Dr Ximenes means those left further down the list are not abandoned.

“We go for a week because that is probably the most productive period – it is not too disruptive for local staff and doesn’t tire everyone out too much,” Dr Moore says.

“The hardest part is deciding who we do and who we leave to our local counterparts.

“People come in from a long way to be seen, we had 60 people to see on the first Saturday.

“If these kids are not done they don’t go to school, don’t get educated, are socially ostracised – but if you repair them early they do go to school and contribute to society.

“As kids they look you in the eye but when they are older and become self-conscious they don’t — there is a huge lack of self-confidence.”

Prior to flying in, a local counterpart ensures word gets out that the team will be in town and consulting on a specific day.

This is crucial in a nation where farming to survive may take priority.

“That’s part of the pressure on us with the decision making,” Dr Moore says.

“I don’t want to send them away because they have spent money

they don’t really have to come to see us, and you can’t say ‘come back in six months’ because they may not get the message next time.

“We take it for granted we can go to the Women’s and Children’s Hospital but this is the reality for them, just effectively an hour’s flight out of Darwin.”

One patient who arrived was aged 12 but lived nearby – he was encouraged to go by his teacher who heard the surgeons would be in town, but the team lamented he had not come to previous clinics.

“Just as we were about to finish on the first day assessing patients the three worst clefts in the world came through the door, siblings so that’s a bit unusual,” Dr Moore recalls.

“The hardest bit is deciding which ones you do, which ones you don’t do. Which ones you think you can leave for your local counterpart, the young guy we’ve been training.

“When those three came in and the lists were full it was a case of, ‘oh my god’ – they had come on a bus for four to six hours, and had walked for three or four hours to get to the point where they get on the bus, and their clefts were the worst of the worst.”

The severity of the clefts, as well as the family’s efforts to get there on the right day to seek help, made it a clear-cut decision and they were added to the surgery list.

As well as the sur-

SELFLESS: Craniofacial surgeon Dr Mark Moore, who leads the team of Australian medics, holding a patient. **TOP LEFT:** Anaesthetist Dr Brian Spain examining a patient, and a little girl following surgery. **BELOW:** Adelaide doctor Zameer Gill; and patients arrive at the busy clinic.

gery and training, the holistic team-approach includes an emphasis on follow-up visits, speech pathology as clefts can cause speech difficulties, even a dental clinic spin-off.

Dr Gill welcomes the opportunity to work in East Timor.

“It’s incredible to see the disparity in healthcare services between ourselves and one of our near neighbours – from our easy accessibility to all

healthcare, to a region where even basic treatments, health professionals and resources are sparse,” he says.

“The relatively straightforward surgical procedures of cleft surgery can have life-changing impact.

“To see patients present as social outcasts riddled with doubt and no self confidence then progress to integral members of the community filled with hope and a future full of

opportunity is rewarding beyond description.

“And to be able to work with Mark and the OSSAA team focusing on education and developing a sustainable, independent service by local healthcare professionals makes this truly special to be a part of.”

A trip like this has its own measure of joy, such as seeing the results of previous surgeries by thankful people who just drop by to say hello, once word is out the Aussies are in town.

Dr Moore notes Dr Hargrave – now retired and living in Tasmania – is still revered in East Timor.

“Our work was based on the shoulders of the work that he had done and the trust that he had engendered in the region,” Dr Moore says.

While the long-term goal is to train local doctors in East Timor to the point the Australians are no longer needed, it’s a big world out there with plenty more work to do.

Dr Moore heads to West Timor yet again next month for another clinic.

With no fuss, no fanfare.

