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Title: Doctors with borders: the impact of international travel bans on Timorese citizens awaiting cardiac intervention

Authors: Elizabeth Paratz, Ricardo Flavio, Joaquina de Sousa Maurays, Alan Appelbe, Noel Bayley

Background & Aims: In Timor-Leste, cardiac interventions and surgical procedures are largely provided by the East Timor Hearts Fund. Since March 2020, no Timorese patients have been able to travel to Australia for humanitarian cardiac procedures.

Methods: We describe patients awaiting cardiac intervention as of March 2020, documenting their outcomes eighteen months later in August 2021. Contact with healthcare facilities (the national hospital, local clinics or online telehealth) was identified. Major adverse cardiac events (MACE; death, heart failure admission or stroke) were documented and demographic characteristics compared between patients experiencing MACE versus those remaining symptomatically stable.

Results: In March 2020, 35 patients were waitlisted for cardiac intervention (68.6% female, mean age 26.8 ± 9.4 years). Eighteen months later, 9 (25.7%) patients experienced definite MACE, comprising 3 sudden deaths and 14 admissions for decompensated heart failure. A further 10 patients (28.6%) had newly-disconnected phone numbers, implying possible additional deaths. 15 patients attended online telehealth clinics; 7 (46.7%) had deteriorating NYHA scores. 14 patients (40.0%) were symptomatically stable. Patients experiencing MACE had been waitlisted a median of 30 months by August 2021 compared to 22 months for stable patients.

Conclusions: In conclusion, At least one-quarter and possibly over half of a humanitarian charity's patient list died or developed severe heart failure following eighteen months' delay to cardiac intervention during international border closures from COVID-19. Patients attending online telehealth clinics reported high rates of morbidity and deteriorating symptoms. Abrupt border closures leaving a country without access to humanitarian surgery highlight the vulnerabilities of short-term medical mission models.