ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Sanglah hospital is a tertiary care centre which means that it can offer medical treatment from sub-specialist doctors. Patients get referred here for either inpatient or outpatient treatment by primary care doctors or secondary hospitals which do not have the necessary resources to provide adequate care. Patients are put in various classes depending on the individual's salary and employment. Class 3 is the lowest class and consists of less spacious, poorly ventilated rooms with 10 or more beds. Class 3 wards are the only wards that medical students are allowed on. The level of quality of the wards increases with class 1 consisting of air conditioned, spacious rooms with 2-3 patients. It is also possible to pay extra for VIP and VVIP rooms which look like small apartments with balconies and garden space. In theory, all patients should however receive the same level of medical care and have access to the exact same treatment, no matter which class they are in. This means that all patients who pay their insurance (costing around $5/ month for Class 3), are entitled to free medical care, including most medication, except new and upcoming options such as insulin pumps. This differs from the treatment that NHS provide where all patients are offered the same quality of care, specifically the same standard of beds and wards in the hospital., regardless of their wealth.

What struck me the most was that there were multiple patients being seen in a clinic in the same room; there was space for up to 5 consultations in one clinic room. This meant that everyone in the room, including the nurses at the reception desk could hear the conversations between doctors and patients. This raises an issue of confidentiality as patients are unable to keep information about themselves private. It also made me wonder whether this prevents patients from giving full details in their history which could affect their diagnosis and management. This is different to the care we provide in the UK, where patients' confidentiality is valued and all the information is protected. All clinic appointments are conducted in separate rooms.

High blood pressure, hypercholesterolemia, hyperglycaemia, smoking, high body mass index and physical inactivity are the most common risk factors amongst the Balinese population meaning that cardiovascular disease is a common chronic condition, similar to the current situation in the U.K. In my opinion, the reason behind these risk factors is lack of public education and unawareness of how certain lifestyle factors can affect one's health. Furthermore fried food and carbohydrate rich rice dishes form a large part of Indonesian cuisine which means that a healthy, well- balanced diet is not commonly followed.

After attending tropical disease clinics, I have learned that HIV is very prevalent in Indonesia, despite the fact that testing and anti-retroviral therapy is free. In addition, all pregnant women are offered free HIV testing, however unfortunately a large number of women decline this test, meaning that there's a high risk of mother to child transmission. I believe that this is due to stigma and discrimination surrounding HIV and AIDS still present in Indonesia and public unawareness. There is lack of education on this condition as it's a topic that Indonesian people prefer to avoid. This is different to the UK, where rates of HIV testing are on the rise, post- exposure prophylaxis is readily available and there are more programmes to improve public awareness. I thought that care of HIV patients was of high standard, with regular clinic appointments to check the CD4 count and screen for any complications. Another important public concern is the high prevalence of chronic hepatitis B infection, leading to cirrhosis and

hepatocellular carcinoma. In contrast, in the UK, most cases of HCC and liver cirrhosis are due to excessive alcohol intake and fatty liver disease.

I spent a lot of my time with the tropical medicine team and learned that dengue is one of the most common viral infections that affects a large number of the Indonesian population, especially children living in urban areas, and is transmitted by mosquitoes. There are dengue outbreaks during the rainy season, from November to April, as the mosquitoes require clean standing water for reproduction. One of the doctors mentioned that every single person living in Bali will get dengue at least once in their lifetime; however she has reported a slow decline in the number of patients she has seen with dengue over the last couple of years. Fortunately, with supportive care of symptoms (such as fever, headache, joint pain, nausea and vomiting) as there is no antiviral treatment available, the majority of patients get better. Very few cases progress to dengue hemorrhagic fever that presents with severe bleeding which can lead to shock and is fatal in around 1% of cases. Educating the community and their participation is crucial in order to prevent further outbreaks. Some of the simple prevention strategies that are being promoted to the public are frequent use of DEET repellent, wearing light coloured, long sleeved tops and installing mosquito nets over the bed. In addition, communities are advised to drain water from places where it can stagnate, remove any objects that can trap rain water, add larvicides to waters that can't be drained and cover water deposits tightly to reduce the number of breeding areas. There is a very low risk of malaria in Bali, however the risk is higher on the neighbouring islands such as Lombok. There is also a low risk of Japanese encephalitis in areas with rice paddies. In contrast, patients with tropical diseases are rare in the U.K. as travel advice and holiday vaccinations are offered to travellers.

I have found that tuberculosis was also a common communicable disease amongst the Balinese population. When I enquired further about it, I was told that there is an increase in multi drug resistant TB which is proving difficult to treat as it does not respond to rifampicin or isoniazid. There is also poor medication compliance amongst patients and low attendance rate to follow up appointments as well as patients are unwilling to report symptoms of chest infections and do not get a prompt diagnosis. Similarly, in East London we have a high number of patients with TB; however we are better equipped to screen for this condition and offer close contact tracing and testing.

One of the biggest challenges I faced during my placement at Sanglah Hospital was the language barrier as very few patients could speak English. Most doctors could speak good English and were willing to answer my questions; however they did not have enough time to translate the whole consultation with the patient in detail. Instead I got a very brief summary. To learn more about patients, I looked through their notes to have a look at their medications list to get an idea of what medical conditions they had as the names were similar to what we have in England. Sometimes I would also find clinic letters, test results and imaging reports that were partly written in English which helped me to understand more about the patient's history. I was also paying attention to their body language and hand gestures which were often a clue to the symptoms and location of the pain. Furthermore, I tried to interact with the Indonesian and Malaysian medical students who were working with the team to gain more information. I also asked the Balinese elective representative to teach me some basic phrases in Indonesian that I can use at the hospital as well as when exploring the area. This helped greatly to establish good rapport with patients and made me feel more at ease and confident. I found that the members of the team were very keen to find out more about our culture and the differences in our hospitals and treatment

regimes. I showed the same interest in their way of practising medicine and gained a lot of insight into how things are done in Balinese hospitals. Overall, immersing myself completely in a different culture was a a once in a lifetime opportunity and working close with doctors in Bali helped me to appreciate some of the differences and challenges that they have to face on a daily basis.