ELECTIVE (SSC5b) REPORT (1200 words)

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

Objective 1: To explore common conditions witnessed in Indonesia and how this impacts their health systems, compared against that of the UK.

Having the opportunity to work in the largest public hospital in Bali, the Sanglah Hospital, meant that I was fortunate enough to be exposed to a vast array of different diseases and conditions. The most prevalent conditions here, by far, are diabetes and hypertension, the reasons for this being multifactorial: a lack of a preventative healthcare-system and issues surrounding health insurance. During my time spent in General Surgery/Neurosurgery, the number of patients presenting with cancers was startling. Unlike in the UK where numerous cancers are detected and treated within the earlier stages of cancer progression, in Bali, unfortunately most of the oncological patients presented extremely late resulting in severe disfigurements, thus little could be done to help. As mentioned, the reason for this being the culture's attitude towards health, in combination with a lack of screening programmes within the health system.

Screening programmes are commonplace within the UK and has shown to be largely successful in the detection and early management of otherwise very serious conditions, thus saving thousands of lives annually. Such programmes are non-existent within the Indonesian healthcare system, leaving patients to seek out medical support when they feel it is needed, which for many, is often too late. With patients often not seeking medical support when needed, they turn to alternative medicines and herbal remedies as a source of treatment. Similarly having spoke to the staff and patients at the hospital, many patients did not believe in conventional medicines which accounted for the high number of emergency cases and subsequently, leading to patients dying at an early age from aggressive, advanced cancers.

Lack of resources across Indonesia takes its toll on the healthcare system, meaning that many of these patients are unable to receive sufficient palliative treatments, including chemotherapy and radiotherapy. This is where surgery takes over as being the primary source of treatment for these patients in search for a cure. This, of course, differs drastically to that of the UK, where palliative care teams and centres play a huge role in the care and management in those with advanced cancers. In those fortunate enough to have the cancers removed following surgery, follow up appointments are non-existent, and so non-surprisingly, patients are often seen time and time again with either a recurrence of the cancer, or they develop sever complications from the surgery and pass away subsequently.

Through witnessing and hearing about the stories behind these patient's health, it is apparent that the Indonesian health system needs to be changed to better the lives of their patients. Patient education is essential for a positive change in the health system - patient's need to be told the importance of

seeking and receiving medical help as soon as they notice anything abnormal, thus preventing these sinister complications further down the road. Finance plays a large role into these limitations we currently see, but if more money were put into preventative medicines, screening programmes and patient education, then less money would be spent ultimately in curative medicines and surgery. My experiences here have only highlighted the necessity of implementing a "prevention over cure" approach to medicine.

Objective 2: Compare and contrast the difference between the management of both acute and chronic conditions with the Indonesian population, compared against that of the UK.

With the Balinese hospital guidelines being adapted from both British and American guidelines, the actual management plans for most diseases vary very little to that of the UK. Despite these similarities on paper, there are large discrepancies in practice however. The hospital is heavily under resourced with respect to both materials and staff training, thus having a negative impact upon the delivery and care of the patients. Having attended the ward rounds, the lack of funding towards automatic-ventilator machines and equipment for those patients unable to maintain a patent airway meant that the nurses, and even sometimes the medical students, would take turns to manually ventilate the patient for hours. This, when compared against the UK, is unheard of.

One of the leading factors contributing to poor success rates is a lack of preventative medicine. Patient education is vital for preventative medicines to work, but with this lacking in Indonesia, patients do not visit their physicians when they should and do not take the required medicines. With high rates of diabetes, hypertension, smoking and hyperlipidaemia in Indonesia (conditions shown to be controlled well via the correct management), this demonstrates a lack of preventative medicine and thus results in secondary effects. Relating to neurology, the number of haemorrhagic stroke patients exceed that of ischaemic stroke by approximately 60% : 40%, respectively, due to the lack of hypertension prevention. This is reversed in the UK, a country where patients regularly take medications to reduce their hypertension, with ischaemic strokes accounting for 85% of all stroke cases.

Objective 3 (Global/Public Health-related): Discuss the way the health systems around the world, specifically Indonesia, differ in comparison to the UK. Explore the different health beliefs and culture within the Indonesian population.

The health system in Bali, Indonesia operates on an insurance scheme, in which there a three distinct classes of insurance available to the public. Most commonly, patients are covered by insurance that is provided by their employers: Class B. However, should a patient require a higher class of insurance to what is generally offered by their employers, then this is paid for my the patient themselves. For those

who unfortunately cannot afford insurance, the government provide fundings for these patients, although they receive the lowest class of insurance: Class C.

The care a patient is offered is dependent upon the tier of insurance they withhold; Class A and B will be under supervision and treatment by a consultant and senior colleagues, whereas those with Class C will be treated predominantly by the junior doctors. Despite these differences in the teams between classes, medical guidelines in Bali are heavily influenced by British and American guidelines and so each tier of healthcare should receive a similar healthcare plan. Each patient is subject to a limited healthcare expenditure cost by their insurance policies, and should the patient's medical expenses during their stay exceed what is covered by insurance, then it is expected that the patient must pay for the remaining costs. This in turn leads to severe debts for numerous patients, which subsequently prevents many patients from the lower sectors wanting to go to hospital for treatments, and instead, seeks alternative medicines as a hopeful cure for their problems.

Fortunately for the UK, such problems do not exist due to the National Health Service (NHS). This allows every patient to receive the exact same treatment, despite social class, completely free-of-charge. There are plans made by the Indonesian government for an appropriate healthcare to be implemented by 2020, thereby hopefully reducing these drastic medical debts that patients may acquire.

Objective 4 (Professional/Personal development): To be able to adapt to a different environment and communicate with patients where language and cultural differences may be a barrier.

Language was the greatest barrier when it came to communicating with patients, given that English was not their first language, nor one that many spoke besides from the majority of doctors and staff. As such, whenever it came to obtaining consent for examinations or any other bedside tests, I became heavily reliant upon the staff to translate for me. During the ward rounds prior to surgery, my leading consultant was extremely nice and asked for everyone, including the Balinese students on placement also, to speak in English so that I could understand everything. Although when it came to being in the surgical theatre or in the emergency unit, it was a much more rapid environment with little time to spare, and so the staff mostly spoke in Balinese in order for a smoother plan and action of treatment. This meant that in these scenarios, I happily took a back seat and observed so that the staff could undertake their tasks with minimal distractions from me. Only at the end of the procedure would I ask the staff details about their work, thereby aiding my understanding and learning. These experiences taught me the importance of appropriateness and patience when it came to asking questions in order to not disrupt the team.

Given that I had completed all my medical schools exams and passed, there was a greater expectation put upon myself by the other doctors to further enhance my practical skills. Although it was great to

practice and improve my confidence with clinical procedures such as venepuncture and cannulation, there were times when I was asked to offer my assistance with more technical procedures, intubation being an example. It was at times like these where I had to stand back and express that I am not qualified to perform such a procedure, and so a more senior colleague should undertake these instead. It is important as a doctor to always be aware of our own limitations and to not take on more than we can handle, otherwise it may cause harm and cause serious effects towards the patient.