

Elective report 2013: Tello Island, Indonesia

I carried out my elective on Tello Island, which is a very small island off the South coast of Sumatra in Northern Indonesia having heard about the placement through a friend who had worked there before. The organisation we were working for is called TroppoDoc, a charity set up by Dr Derek Allen, an A&E consultant from New Zealand. TroppoDoc also does work in Africa, South America and Australasia. The clinic we worked at was set up in 2005 following the Tsunami which destroyed much of the local area.

Tello Island is just 14km in circumference and part of 101 islands that make up Pulau Pulau Batu. The estimated population on the island is 6,500 people. Healthcare services are very scarce on this group of islands with some islands having no healthcare services whatsoever. We visited one such island for 3 days and carried out a mobile clinic there. On Tello Island there are 3 hospitals between which there are a total of 3 doctors and 60 patient beds, but these are almost always empty. This is because health services in this part of Indonesia have recently become free, financed by the government, and now that doctors and nurses are paid regardless of whether they see patients or not they are able to get away with not working at all as they are not closely regulated by anyone. They seem to have no incentive to work now that they do not work on the basis of commission. Services at the hospitals include simple blood tests and blood films, X-ray and ultrasound. If a patient requires surgery, they must travel to an island called Nias (not part of Pulau Pulau Batu) which is a 6 hour boat ride away, or Medan which is a 1 hour plane journey (expensive for locals and not included as part of the free healthcare now available). To help with this, Dr Allen often tries to help patients get funding for this through their church. Derek charges 2000 Rupiah (7 pence) for each consultation, including any medication given, which goes towards renting the clinic space on the island. In terms of medication, TroppoDoc relies solely on donations and is a registered charity.

We found the people of Tello to be exceptionally welcoming, friendly and grateful for the help of Dr Allen and his team. Most of the inhabitants of the island are very poor, earning an average of 30,000 Rupiah a day which is the equivalent of about £2. We learned to love the local food: rice, noodles and eggs and plenty of spice! We stayed in the only inn on the island: The room was very basic with a bed, fan and some running water occasionally but it was very cheap.

In terms of the hazard checklist supplied by the university, it is true that several points were relevant to our trip. The climate is very hot and humid with occasional downpours and keeping a high fluid intake is vital. Bottled water is readily available on the main island, but trips with the mobile clinic to more remote islands mean water purification tablets are necessary. We learnt that WHO have now approved a method for water purification which entails leaving water in direct sunlight for 5 hours. Insect bites are common and malaria is rife, so a treated mosquito net, deet spray and tablet prophylaxis are recommended. It is advisable to be vaccinated against rabies as there are many wild dogs on the island and Indonesia has a rabies problem. Dr Allen informed us of the appropriate action should there be another tsunami or an earthquake on the island: run to the highest point of the island with a torch and your passport. Another important point to note is that the inhabitants of the island are Muslim and women are required to cover their shoulders at all times, including when swimming and on the beaches.

In some ways the pattern of disease was similar to the UK, in that hypertension was very common as well as stroke disease. The average life expectancy is 55 years so some of the diseases more commonly seen in the elderly in the UK are less frequently seen in Tello, such as cancer and dementia. Diseases such as cancer are also less likely to be diagnosed on Tello due to the lack of medical services available. There is, understandably, a higher incidence of tropical diseases and infections. Examples of this we saw were malaria, TB and worms. Many patients also presented complaining of infected insect bites, which would be rare in the UK. Fungal infections were very common also. A lot of the patients we saw complained of toothache and Dr Allen regularly carries out tooth extractions (up to 10 a day) as there is no access to dental care on the island. He has also trained a local teacher to give public health lessons in schools, including teaching tooth-brushing skills and healthy eating and exercise information. TroppoDoc has also installed water tanks in all the schools on the island to ensure safe drinking water.

Dr Allen was an excellent teacher, as well as allowing us plenty of freedom to take histories from patients, examine them, and come up with differential diagnoses and potential treatment plans. Cases were often straight forward, but when we came across more complex patients he took the time to tell us about the condition and how to manage the patient. The method he employed in guiding us increased my confidence in coming up with differential diagnoses and a potential treatment plan and will certainly be of great advantage when I begin my first house officer job in August. His story and this experience have also inspired me to carry out more volunteer work in the future.

In terms of problems we faced, the main one, initially, was the language barrier. We were able to pick up quite a lot of basic medical terms in 'Bahasa', the main language of Indonesia, however 50% of the island's inhabitants spoke a completely different dialect which made things difficult, but we could usually find a family member to translate. We were joined halfway through our elective by a nurse from New Zealand who spoke fluent Bahasa, who proved invaluable to our consultations, enabling them to be more confidential by not having to involve family members in translation. Due to the language barrier we often had to ask closed questions which tended to lead to confirmation bias. It also meant psychological problems were very hard to explore. Other problems we had included coming up against diseases we knew very little about such as leprosy.

Overall, we had an excellent elective experience. The island was fantastic as were its inhabitants. We did lots of medicine and saw a huge range of diseases, and I believe our confidence as doctors has increased considerably from examinations to prescribing. The TroppoDoc team are friendly, helpful and encouraging and are hugely grateful to volunteers. I would certainly recommend this trip to anyone who likes to get stuck in, doesn't mind living in relatively basic conditions, and has an interest in helping the poor.

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