## ELECTIVE (SSC5c) REPORT (1200 words)

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

**Objective 1: Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: Discuss common chronic medical conditions found within the Indonesian population and the impact this has on health services. Compare with the UK.**

**Working in the largest public hospital in Bali exposed me to an array of different conditions and diseases. Aside from the common chronic medical conditions such as diabetes and hypertension, which were managed in the same way as the UK, we were exposed to many cancer cases during our general surgical placement. Unfortunately, most of the oncological patients that we had come across were in their late stages of their condition and very little could be done for them. This mainly falls back to the population's health beliefs as well as lack of screening programmes within the health system.**

**The Indonesian health system, unlike the UK, does not have an established screening programme set up and so it is up to the people themselves if they would like to undergo screening. As a result, many of the patients do not understand the importance of attending to a doctor if they notice something abnormal, but rather many rely on alternative medicine and herbal remedies in an attempt to treat themselves. In addition, many of the patients we had encountered did not believe in conventional medicine and were brought into hospital as emergency cases. As such, many of these patients die at a very young age from very advanced and aggressive cancers.**

**Due to the lack of resources, many of these patients are unable to receive appropriate palliative treatment, including chemotherapy and radiotherapy, and instead undergo surgery after surgery in an attempt to try and cure them. Of course, this greatly differs from the UK where there are appropriate palliative care teams and centres to look after terminally ill patients with advanced stages of cancer. We also found that those patients who are lucky enough to survive after being diagnosed with advanced cancers, do not have appropriate follow up appointments set up for them and so not surprisingly many die from complications of surgery or recurrences of their cancer.**

**These cases highlighted to us the fact that there needs to be more input into the Indonesian health system in trying to educate their public and also attempting to set up screening programmes for cancers. Understandably this is very costly initially, but in future it could end up saving many lives, just as it has in the UK.**

**Objective 2: Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: Explain what medical services are available for the Indonesian population that would have otherwise been managed differently in the UK.**

**Working in 3 different departments allowed us to expereince a different side of medicine to what we are usually exposed to. For each of the departments we spent our time with, we had noticed major differences between how things are usually managed in the UK.**

**Having spent 5 years in medical school learning the ABC approach for dealing with emergencies, we were shocked to see that this approach was not widely used here. Even the crash trollies were not arranged in an ABC fashion but rather placed in drawers of all the equipment needed in one place and all medication and fluids in another drawer. ECG machines and leads were no where to be seen on the crash trolley and we were told that this had to be requested if it was needed.**

**Spending 2 weeks in theatres for our surgical placement, I was quite shocked with their lack of sterility for their procedures. Despite having signs everywhere about sterile conditions, not many seemed to take notice of this. In addition, due to the lack of resources, we found that many of the basic equipment needed could not be supplied for and as such, they have to manually ventilate their patients throughout the whole procedure. This of course contrasts greatly with the UK where sterile conditions are considered violating regulations and anaesthetic equipment is widely available nationwide.**

**We also found that many of the procedures performed are also very limited, again to due lack of funding as not enough staff are available. During our cardiology placement we found that many patients were being denied PCI after suffering from an MI simply due to the fact that they only had one doctor who was able to perform PCI and he wasn't on site to perform PCI within the timeframe needed. Unlike the UK, patients cannot be transferred to other hospitals if the hospital they are in cannot provide the appropriate treatment for them. This again falls back to lack of funding and resources.**

**Objective 3: Health related objective: Discuss the way the health systems around the world, specifically in Indonesia, differ in comparison to the UK. Explore the different health beliefs and culture within the Indonesian population**

**The Indonesian health system operates under a health insurance scheme where three classes of insurance are available. Usually, the employers are required to provide a class of insurance for their employees, or if people would like a higher class of insurance to what their employer can provide, then they are required to buy this themselves. For those that cannot afford health insurance, the government can buy it for them however they only provide the lowest class of insurance: Class C.**

**The differences in these classes lies mainly in who they get treated by; only those in class A or B get seen by the consultants and senior doctors whereas patients in class C get treated by the juniors. We were told however that as everyone follows the British and American guideleines, patients more or less receive the same treatments. If however during the patient's stay in hospital, the medical expenses exceed what is covered by their insurance then they are expected to pay for this themselves. For this reason, many of the patients in the lower sectors try and avoid going into hospital as much as possible and find 'traditional' treatment methods as many of the people still cannot afford to pay for their healthcare.**

**Of course, this differs greatly from the UK where everyone recieves free healthcare, regardless of social class. The Indonesian government has however set up a plan in order to try and provide appropriate healthcare for all citizens by 2020.**

**It seemed that even basic medical needs such as vaccinations were also reserved for the rich as we were told that the government could not afford to buy all the vaccines for the entire population. Vaccination schemes are run independently by each district in Bali and it is up to the districts if they can afford to fund the vaccines for their people. We found out that there are only 2 out of 9 districts that can afford to pay for the necessary vaccines. Again this differs from the UK where we have a national vaccination programme and it is provided for all citizens.**

**Objective 4: Personal/professional development goals.: learning how to work with people who speak little English and how to deal with language barriers  Further advance my knowledge in core medicine and surgery with more exposure to practical procedures and management plans. Go out of my comfort zone to challenge myself and improve my confidence as a future doctor**

**Dealing with a patient demographic that spoke very little English was a great challenge for me. It was difficult to gain consent from any of the patients and we found that we were heavily relying on doctors and nurses to translate for us. Whilst we were on the wards this was easier to overcome, however when we were in the surgical and emergency departments we found that the langugae barrier was of a greater challenege as we didn't always have the time and resources needed to fully translate everything. Here, we felt that we had to take a backseat in terms of taking histories from the patient, however we were still allowed to perform various practical procedures. Nonetheless, this barrier has helped me to develop and learn how to overcome such situations when faced with it again.**

**As we had already completed our exams, we found that many of the doctors in the hospital had higher expectations of us and allowed us to further develop our practical skills. However, we did find that many of the doctors expected us to carry out certain procedures, such as intubation, and of course we had to know our limitations and make everyone aware that we are not fully qualified to carry out such tasks alone.**

**We did also find that we had many opportunities to help teach some of the Indonesian medical students whilst they were on their placement. This was a great learning opportunitity for us as well as it highlighted to us the differences in certain treatment methods between the UK and Indonesia. It also gave us a chance to learn more about diseases and conditions that are more prevelant in this part of the world that we would not otherwise routinely encouter whilst in the UK; some of the conditions that we encounterd on a regular basis during our period were dengue and rheumatic fever.**

**After completeing this elective, I did feel more I was able to bring everything I have learnt over the years together and that I was able to build up management plans and carry out practical procedures more confidently.**