

Objectives

- 1) Gain an appreciation of the common surgical conditions and disease patterns in Bali, and Indonesia as a whole.
- 2) To understand how is healthcare organised and delivered in Bali.
- 3) Understand the differences in the presentation and management of surgical disease in a relatively under-resourced region, when compared to the UK?
- 4) i) Professional development and consolidation of surgical skills already learnt in the UK.
ii) To gain an appreciation of the unique Balinese culture.

Report

My elective took place within the surgical department of RSUP Sanglah Hospital, Denpasar, Bali. The organisational structure of surgical care differed in many ways to the UK and my first placement was within the Oncology Department, who dealt with the vast majority of the oncological surgery, regardless of the region affected, as well as the medical aspect of cancer therapy. In terms of the cases seen within the oncology department, many of the cases were similar to those that might be seen in the UK; breast cancer, thyroid malignancies etc. However, whilst many of the oncological cases were similar, the most striking difference was in how far advanced the disease was in nearly every patient I saw. It was explained to me that this was largely due to the issues around healthcare funding and provision in Bali, with many patients consequently waiting until their disease was significantly problematic before consulting a medical professional. This had obvious implications for their future care and prognosis.

As well as oncology, I also undertook a placement within the plastic surgery department, something which I have spent some time on in the UK, so it was useful to be able to compare them more directly. In Bali, much of the surgical work within plastics was in the field of facial trauma, something which was largely covered by the oral-maxillofacial surgeons during my placement in the UK. In surgery as a whole in Bali, there is a large trauma component, mostly due to the frequency of road traffic accidents (itself due to a combination of too much traffic, lots of mopeds and seemingly no form of Highway Code!), in fact, an entire department of 'Traumatology' exists within surgery. Another important, albeit indirect factor in the surgical care and management of patients is the extremely high level of tobacco use amongst the Balinese (and indeed across Indonesia as a whole), which has obvious implications for the general health and subsequent recovery of patients.

The healthcare system in Bali is relatively complex, although in Indonesia, healthcare coverage is fairly good, with one public healthcare centre for every 30,000 people (one for every 10,000 if sub-centres are included) however, there are large variances in geographical accessibility, with people in more rural areas often unable to easily access adequate medical facilities. When compared with the rest of Indonesia, Bali is reasonably prosperous, something which is often reflected in its health indicators, with lower levels of infant and maternal morbidity, higher life expectancies and higher rates of immunisation when compared to the national average.

Bali's healthcare system is delivered through a number of district hospitals, as well as the state owned Sanglah Hospital and a number of private hospitals. In 2010, "Jaminan Kesehatan Bali Mandara" was launched; a programme of free healthcare for all registered residents of the province, providing a basic level care for most conditions at no personal cost. Initially, this service was only provided in state run facilities, however, recently, several private hospitals have joined the programme. As I have alluded to though,

the care provided under this scheme is basic; any care beyond the most rudimentary required incurs an additional cost. For example, hospital care during childbirth is covered, but pain relief is not, and only the lowest class of bed is provided. In my own personal experience, I saw this in practice when a patient with an extremely large thyroid mass was brought into theatre, for what I assumed would be a total thyroidectomy. In actual fact, they only received a simple excisional biopsy and the surgeon explained to me that this was because it was much cheaper, and that depending on the results on the biopsy, the patient may not have any further surgery, despite the size and disfiguring nature of the mass.

Another interesting difference I found in the delivery of healthcare in Bali, was the way in which clinics were run. Usually taking place in the format of a large 'Polyclinic' there were often several doctors and students seeing several patients all in the same room, with only 2 spaces in which to examine patients. It certainly did not leave a great deal of room for patient confidentiality. Everything within these clinics (and indeed within theatres too) was done by hand and imaging was all viewed on old fashioned films, held up to the light. I don't recall seeing one computer during my placement. It made me feel relatively spoilt by the UK and the NHS!

Further differences were also seen within the operating theatres, which, whilst functional, were very basic compared to those that we are used to in the UK. All of the gowns and drapes were reusable, something which I have not come across before and there were often no ventilators available, meaning that patients were hand ventilated for the entire procedure, potentially a problem should the anaesthetist be feeling slightly sleepy, as I observed once during my placement!

I had hoped that during my placement in Bali, I would be able to build upon my surgical skills previously learnt in the UK, having endeavoured to gain as much surgical experience as possible already. However, it became apparent that within the hospital, there were a great number of training surgeons compared to the number of theatres available and cases at any one time. This meant that there were often five or six surgeons operating and assisting at any one time, as well as the scrub nurse. In practice, this made it impractical for me to participate in the procedure, and I contented myself to simply watching, and seeing the differences in procedures to those that might be done at home.

Outside of the hospital, I found it easy to immerse myself in the rich and unique culture that Bali has to offer. As one of the few predominantly Hindu islands amongst the remaining Muslim dominated Indonesia, Bali marries a range of ancient Balinese traditions with those of Hinduism creating a rich cultural atmosphere. Decorative offerings adorn pavements, walls and doorways, beautiful temples can be found in every home and streets were often closed for decadent temple processions. We were also able to watch some traditional Balinese dancing and well as visiting some of the more culturally important temples on the island.

The Balinese people were exceptionally friendly (something which comes as quite a shock initially to us from categorically unfriendly London!) and were always willing to help in any way they could, not to mention loving the opportunity to show off their English (much better than my meagre Indonesian, which they were nonetheless highly impressed with, surprisingly)! The mountains of Bali are very important to the Balinese people culturally (the highest mountain, Mount Agung, is in the North East corner and it is very holy to the Balinese, hence the reason that all temples are built in the North East corner of the village/homestead) and provided a stunning backdrop to our elective, we were even fortunate enough to get the opportunity to climb Mount Batur, an active volcano, (slightly smaller than Mount Agung) in time to watch the sunrise. A stunning way to celebrate all the amazing things we had achieved in Bali. The experiences we have had both within the hospital and around the province were utterly unforgettable, and I shall be very sad to say goodbye.