

Telo Island Elective with TroppoDoc

Telo Island is one of a group of 101 islands off the west coast of Sumatra in Indonesia. Collectively these islands are known as Pulau Pulau Batu, and are home to between 45,000 and 60,000 people. Telo island accommodates for approximately 6000 of these, the main religions being Muslim and Catholic.

In 2005 these islands were devastated by an earthquake and tsunami, leaving an already poor area completely shattered. It was shortly after this that Dr. Derek Allen, a GP from New Zealand, came to set up aid for the local people. Since then his charity, TroppoDoc, has gone from strength to strength to win the trust of the local people and help with their everyday ailments. The TroppoDoc charity welcomes all volunteers, from doctors and nurses to non-healthcare professionals willing to educate the locals about public health.



Figure 1. – Main high street in Telo.

Compare the pattern of dermatological conditions on Telo Island to those in the UK

In the UK we commonly encounter inflammatory skin conditions such as eczema and psoriasis, as well as skin cancers. Conversely, due to Telo being a third world country, with a tropical climate, many of the dermatological conditions stemmed from infections. During my time at the clinic I assessed only one child with eczema and due to the lack of healthcare provisions his entire body was affected. Fortunately we were able to treat him well and see a happy child leave. The two most common dermatological conditions I saw were fungal infections, that had been left for possibly years without treatment, and skin sores due to infected mosquito bites. Other cases included cellulitis, urticaria, chicken pox and abscesses caused by poor diabetic control. Thankfully, all cases could be treated,

and the local pharmacies stock the necessary medicines and creams for when we are no longer around.

Compare the availability of resources between Telo Island (and neighbouring islands) and the UK.

Telo Island has three healthcare facilities, two of which are hospitals. However these places provide very little in the way of definitive diagnostic testing. The hospital, although clean, is run by nuns and poorly trained doctors and thus medical care is inadequate and costly. The other hospital is again very similar.

The clinic we volunteered at was in the middle of one of the main villages, hidden at the back of one of the local's houses. It is accessed through a narrow alley, which opens into their back yard. The clinic itself is a good sized rough-and-ready room, consisting of a bed, shelves housing an vast array of medicines and boarded walls which were removed to make windows. As you walk out the back of the clinic, the most idyllic picture comes into view, where you can look across a flat calm sea towards other nearby islands. It was here myself, Dr Derek and the other volunteers would sit after a long day to reflect on the day. It was a far cry from the white-walled clinic rooms found in England, but it was essentially the only access to free medical care the people of Pulau Pulau Batu had. It was exciting to be a part of something where I felt I could truly make a difference.



Figure 2. – The TroppoDoc clinic.

The clinic itself had an abundance of medicine to treat all manner of ailments from simple anti-hypertensives and diabetic medications, to more complicated medications for conditions such as Parkinson's disease and subarachnoid haemorrhage. Investigations we had access to within the clinic included urine dipsticks, blood glucose monitoring, sphygmomanometers, and thermometers. For patients with suspected tuberculosis, we were able to send them to one of the local hospitals for sputum sampling, and X-rays (for a small fortune) were also available at the hospital. Without the use of advanced investigations, this was medicine stripped back to its most basic form, where you have to rely heavily on your clinical skills and judgement.

For patients who are truly ill, or require further investigation, they need to travel to either Gunungsitoli on an island which is 6 hours by boat, or to mainland Indonesia, both of which can be costly to the patient. This was true for a number of patients we encountered. For example, we assessed a patient with a goitre that was beginning to affect breathing, and so he was recommended to travel to Gunungsitoli for an operation beyond our resources. However, many of the conditions we came across were easily treatable such as hypertension, urinary tract infections, diabetes, and skin infections. The difficulty we faced was explaining that chronic conditions required life long treatment and lifestyle changes, something rather foreign to their culture.

Despite having a number of translators (locals who spoke English) at our aid, the language barrier was still a weakness. Due to this, obtaining a full precise history felt somewhat disjointed at times. Nevertheless, we all worked together to find the correct diagnosis and treatment for the patient.



Figure 3. – The view out the back of the clinic.

Evaluate the differences between common infections in the developed world and Telo island.

From my training in Whitechapel to my travels to Telo Island, I noticed many similar infections. The most obvious of these being tuberculosis, which is very common to both areas, most likely due to cultures permitting spitting, further spreading the disease. Other infections found commonly on Telo Island and in the UK included lung and urinary tract infections.

Infections found more in Telo, and rarely within the UK included malaria, dengue fever, and parasitic infestations. Again, these were all easily treated if the patient presented at an

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appropriate time and complied with the medications, something done sub-standardly both here and back in the UK.

Summarise what I have learnt about myself and how I will change my practice as a result.

My time on Telo Island has been unforgettable. I have met amazing people and will be taking home many new skills and the confidence to carry me through into my foundation years. There are very few opportunities in life where you can play the role of doctor, nurse, surgeon, dentist and pharmacist. This elective gave me just that. Being able to become all of these roles helped me hone my strengths and improve my weaknesses. I found my strengths to be in treating paediatrics and gynaecology, and weakness with emergency medicine. Before my placement I found prescribing to be challenging at times, however, since having a little more independence I found myself in at the deep end and having to prescribe more than I have ever done before. This useful exercise has prepared me well for the upcoming job as a junior doctor.

This placement has taught me to be more resourceful, and realise how fortunate we are in the UK to have such advanced healthcare. Occasionally we had difficult patients and worked together as a team to come to a decision. The importance of such teamwork is echoed both here and in the UK. In future, I aim to return to Telo island and volunteer again where I will hopefully be able to offer more effective care using what I have learnt on this trip and my skills from the foundation programme in the UK.



Figure 4. – Treating a young child in one of the local villages