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Elective Report

1. Develop an understanding of the common illnesses in bali and how this differs to the UK

Due to changes within the hospital in bali, I was unable to spend time in the paediatrics department. Instead I spent 3 weeks in the Obstetrics and Gynaecology department and 3 weeks in A&E. Both placements were rather difficult as few patients spoke english and I was reliant on the doctors to translate and discuss patients with me. The department was largely clinic based with 5 small consulting rooms. Patient confidentiality was extremely different compared to the UK as patients waited in line outside the door to each clinic meaning that they were able to hear each others consultations. There was 1 nurse in the department who was responsible for taking the patients blood pressure and writing down their details. I saw many pregnant women whose babies were suffering from IUGR. Antenatal care was almost non existent Bali due to the fact that all services were private and few could afford to pay for the consultations. In Bali there is a much higher rate of birth defects and neonatal mortality because of this lack of access to antenatal care. One patient I saw was 8 months pregnant and had yet to see a doctor regarding the pregnancy. She had come to find out the sex of her baby. There was an ultrasound machine in the department, but only one doctor knew how to use it so often this step was left out during the consultations. In A&E, the commonest conditions were all related to road traffic accidents, specifically scooter accidents. I saw at least 5 patients a day with multiple fractures, head injuries and lacerations which often resulted in them becoming seriously unwell. During the 3 weeks I spent in the department, not a single patient was given pain relief which I found shocking and quite distressing. The department was run by 10-15 medical students who ranged from first years to final years. There were completely responsible for admitting patients and taking their medical history if possible. There were roughly 8-10 doctors in A&E, however they mostly sat behind a large desk and observed. Due to the nature of their healthcare system, patients were given 1L of saline via a needle (not a cannula) free of charge. Any further medical care after that was chargeable and

required proof of insurance or a guarantee that they could pay. I often found that patients were left if they could not pay, which again was distressing.

2. Compare and contrast the resources available and the healthcare system

The resources available in Bali were surprisingly modern and the hospital was well equipped with drugs and machines such as a CT scanner. There were plenty of latex gloves, antibacterial hand gel dispensers, self filling ABG syringes and the latest cannulas. However the main problem was that using equipment and ordering tests were costly to the patients that they were only done if no other option. In A&E there were 3 ventilators, however all patients I saw on the ward or in surgery were manually ventilated by medical students, sometimes for 24 hours a day. This is very different to the UK, where most patients have a routine set of bloods if admitted to hospital and there would never be a scenario where a patient needed a test but couldn't have it due to money. In the UK we are lucky to have The National Health Service with excellent facilities.

3. Appreciate the management of illnesses in an under resourced region

During my time in A&E it was clear that illnesses were managed very differently. All acute trauma was managed by the medical students who's main focus was to stabilise the patient. Most of the time their efforts were flawed as they were attempting to resuscitate patients with very small amounts of saline. Patients who would have been taken to theatre in the UK were left with a drip and monitored in the hope that their blood pressure would stabilise by itself. I did not encounter many chronic illnesses on my placement so I was unable to note any differences. The management of pain was non existent in the hospital, and patients were never asked about it. I know that morphine was available however it was costly, meaning that patients with broken bones, large lacerations and infections were not given any unless they specifically asked for some and could prove they could pay. Further to this, from talking to the doctors it was my understanding that antibiotics were not given as frequently as in the UK and that if patients wanted paracetamol, they were prescribed 1 500mg tablet a day. I explained that in the UK our recommended regime is 1g 4 times a day and this shocked some of them.

4. Reflect on the time spent on placement and the challenges faced.

My time spent on placement was challenging and on most days the scale of injuries and problems faced were difficult to comprehend. Scooter accidents were by far the most common and complex condition faced and it put me off riding a scooter whilst in Bali. The doctors

faced challenges every day as they often found themselves in the position of knowing how to treat a patient but not being able to due to money. The patients or their relatives were required to buy equipment such as cannulas or catheter packs from the pharmacy and bring them to the ward for the doctors to use. Doctors often re-used equipment to save the patients money and procedures that required a sterile field were often contaminated and there was no replacement of equipment if dropped on the floor for example. I also found that patients did not receive continuous nursing care. There were only a few nurses and their training was limited. Patient observations were limited I saw some patients who had been in A&E critically unwell for many hours and had yet to have a set of observations done. The A&E department had a few oxygen saturation probes which were shared between patients depending on the seriousness of their condition. Blood pressure was manually taken, however upon observing this I could see that they only took a systolic reading. The medical students had 1 stethoscope between 10 of them and it was rarely used. The department had facilities such as a CT scanner however I only encountered 1 patient who could afford this scan.