

Tello Island Medical Elective

Introduction

When choosing where to go for our medical elective, we decided that rather than go somewhere developed and see similar cases in similarly privileged patients, we would go to a developing country and help people from poorer backgrounds in a remote area. While searching the previous electives database, we came across one such opportunity, run by a doctor going by the name of “TroppoDoc.” Dr. Derek Allen is a General Practitioner originally from New Zealand. He spends his time helping out in areas of crisis until there is a need to move on. At the moment, his charity TroppoDoc delivers medical aid in four main areas – Burkina Faso, Bolivia/Guyana, Vanuatu and Pulau Pulau Batu (Tello), for roughly 10 weeks in each place. During the dates of our elective he would be working in Tello, a small island off the west coast of Sumatra, Indonesia.



Figure 1. – Dr. Derek “The TroppoDoc” Allen letting his hair down.

Objectives:

1. Compare and contrast the variety of surgical cases seen in Tello, to those seen in the UK.
2. Compare the availability and quality of healthcare in Tello to that in the UK.

3. Briefly describe some important public health messages that should be addressed in Tello and how they might be achieved
4. How will my time in Tello island help with my future practice?

Elective report

To get to Tello island, you need to get firstly to Medan in Sumatra. From there it's a series of short-haul flights to Tello, via Gunung Sitoli on Nias island. There is an alternative 6-hour boat ride from Teluk Dalam (Nias) to Tello. Upon arrival to this beautiful coconut tree island of 6,000 inhabitants, it is immediately apparent that the main town is founded on the very basics of civilisation. The people here are extremely friendly and helpful although many do not speak a word of English.

The clinic was founded by TroppoDoc shortly after the tsunami that devastated the area in 2005. It operates for 39-hours each week on charitable donation only by volunteers and funding generated overseas. Each patient is charged a mere 2000 rupiah (10p) per consultation, including drugs and the sum total of each days take is given to the landowners for rent. On a typical day, we pay about £3.50 per day in rent.

The clinic itself sees a wide variety of ailments ranging from a simple urinary tract infection to osteomyelitis to trauma. On top of the daily clinic, we also do home visits and trips out into the neighbouring villages to seek out those who are too sick to come to clinic. During my stay here, I expected to see general surgical cases such as appendicitis, gallstones, abscesses and fractures. On top of the general medical cases, we dealt with a variety of surgical cases, some of which I had not expected to see. On a daily basis, patients presented with toothache and on closer inspection, had a mouth-full of rotten teeth. Without any local dentists, we were the only people able to successfully extract teeth and prevent dental pain and infection. The nearest dentist was at least a 6-hour boat ride and an unaffordable price tag. Many patients with dental problems go untreated. Other common surgical cases in Tello revolve around infection and disfigurements such as keloid scarring or ganglions. I performed an incision and drainage of large abscess and successfully removed one palmar ganglion from a 14-year old girl and pulled teeth in a number of patients. I also reviewed and helped care for a number of post-op patients. Typically in England, we do not remove ganglions, lipomas or keloid scars however here, patients are adamant they want them removed. With the language barrier, it is difficult to explain that these benign conditions do not always need surgical excision. There are a number of bush-doctors operating in the surrounding areas and as trained medics, I believe it is better to help these patients than to deny them the treatment they request for fear that the alternative is almost certainly worse. For instance, we had an 8-year old boy who presented 10-days post-circumcision. He had his operation by a local bush-doctor on a nearby island. I can only hazard a guess that the surgical and aseptic techniques were sub-optimal since the patient had no post-operative antibiotics and no follow up. When we saw him, he was in excruciating pain and urinary retention.



Figure 2. – Excision of ganglion from 14-year old girl's right hand.



Figure 3. – Post-op result.



Figure 4. – 8-year old boy following treatment for infected wound, post-circumcision in the community.

In comparison to the UK, the standard of medical and surgical care here is poor. The TroppoDoc clinic offers locals western trained medical professionals applying evidence-based medicine. The alternatives are often expensive, unreliable and of questionable quality. None of this is helped by the rumour that there are counterfeit medicines being sold at local pharmacies. In the UK, we also have access to 24-hour accident and emergency. Late one evening, we were the only doctors to respond to a head trauma of a 17-year old boy in a motorcycle accident. Unfortunately he died under our care a few hours later as a result of his injuries. There are three or more clinics here, some of which have good facilities but are too expensive for the population, but at no point did we receive any help from these doctors or their facilities. I am in no doubt that in the three months of the year that TroppoDoc is here, the islands benefit from excellent care. It is the remaining nine months of the year that concern me. In future, the aim is to have enough volunteers for TroppoDoc to run year-round.

Although this shore-side town has basic amenities such as electricity, it has no public running water and sewage and waste disposal are in short supply. The streets have drains but rubbish dominates the system and so blockages are a continuous problem. In my time here, I have seen two public rubbish bins, which I have never seen used. Adults and children alike, freely throw rubbish on the floor and into the sea. It also appears that basic hygiene standards of the west including regular hand washing and brushing teeth are extremely foreign here. Commonly people do not wear shoes and live amongst stray cats, dogs and chickens, some of which may carry rabies and other diseases. One of the most prevalent diseases in Tello is Tuberculosis (TB). Unfortunately many people go undiagnosed for years and present late TB with cachexia, haemoptysis and persistent fever. The Indonesian government has pledged to treat the disease free of charge following positive sputum samples. On a number of occasions we have seen patients who have been treated inadequately for TB, with one of the four recommended World Health Organisation (WHO) drugs. I am told that commonly the typical four-drug regime is not available due to drug shortages and patients rarely complete their six-month courses. Furthermore, patients are not told to refrain from spitting and as such it is common to see people spitting in the clinic, out the window or in the streets. Such infectious diseases could benefit from education at the community level with widespread public health campaigns. Contact tracing should also be in place so close relatives can be treated for similar infections. In my opinion, the second most important campaign would be for the government to promote dental hygiene and supply toothbrushes and toothpaste free of charge. This would reduce the incidence of tooth decay – a common problem which is handled very poorly in Tello.

My time in Tello has been both enjoyable and eye opening. I feel the experience has enabled me to be more confident with holistic care and the overall job as a doctor. It is a gratifying feeling to accurately diagnose a patient without the aid of modern investigations that are commonly available in the developed world. In Tello, it is much less important what you are good at or what you are interested in because for the most part you will be seeing a sick patient who needs your help and doesn't have any other options. Volunteers here need to be able to make an accurate diagnosis and treat the condition as best as possible. Even if that means pulling a tooth out when you have never

done it before. Life as a doctor here harks back to those days when doctors would rid sick people of any number of ailments that they may have, regardless of their interest or speciality. I am positive the experience will be valuable in my training and already feel more confident in my ability to diagnose without the use of in-depth investigations. On that note, I look forward to the luxury of such basic investigations as blood tests and X-rays, rather than seeing them as standard baseline investigations. In future I would welcome the opportunity to come back, perhaps bringing along a few colleagues along with me. I would thoroughly recommend this as a place to come and volunteer.



Figure 5. - Our daily view of the sunset at the back of the clinic.