

Elective Report

Elective dates: 9th April – 14th May 2014

Elective location: RSUP Sanglah Hospital, Denpasar, Bali, Indonesia

Elective objectives:

1. Develop an understanding of the common illnesses affecting children in Bali and how these differ from the UK.
2. Compare and contrast the healthcare systems in Bali and the UK and the resources they have available.
3. Appreciate the management of paediatric illnesses in a potentially under-resourced region.
4. Reflect on the cases encountered and challenges faced while on placement. Gain a general appreciation of Balinese culture.

My elective was carried out in RSUP Sanglah hospital in the capital of Bali, Denpasar. Bali is part of Indonesia, which comprises almost 13,500 islands, located in Southeast Asia. The main language of the 4.2 million people living in Bali is Bahasa Indonesia and 85% are Hindus. In Indonesia there are 20 doctors per 100,000 population compared with 28 in the UK and they are distributed far less evenly, concentrating in particularly urban areas. Sanglah hospital is the main government hospital in Bali and treats mainly local Balinese people whereas the other hospitals on the island are private, treating tourists and wealthier residents. The current healthcare system in Bali is vastly different to that of the UK as it requires patients to pay for their care and won't even provide emergency care until a patient can prove that they can afford it. Only around 56% of Indonesians have health insurance meaning that the remaining 44% often struggle to find the money to afford to see a doctor and may even be left bankrupt. Interestingly however, this year the government has begun to introduce a universal healthcare program which will provide basic level care to all Indonesians earning below a certain income. After witnessing the difficulties faced by healthcare professionals unable to provide care until proof of ability to pay has been provided, I feel this move towards a basic level of care for all will be invaluable.

Half of my elective time in Sanglah hospital was spent in the paediatrics department, spreading my time between general paediatrics, paediatric intensive care and neonatology. I found that a lot of diseases that patients were suffering from were ones that children back in the UK suffer from too, for example pneumonia, sepsis and congenital heart disease. However the affected children in Bali had much more advanced disease, partly due to lack of resources in the case of congenital heart disease as they didn't have the surgeons to operate on them, and in the case of pneumonia and sepsis the patients just didn't receive treatment early enough. On the other hand I saw diseases that would never occur in the UK such as dengue haemorrhagic fever in the intensive care unit and many patients dehydrated from diarrhoea transmitted through unclean drinking water. In the neonatology unit I saw gastroschisis and hypoxic ischaemic encephalopathy that occur back home but also saw a high incidence of haemorrhagic disease of the newborn and complex genetic abnormalities. Although the babies seemed to be cared for well I was concerned to see that there was absolutely no monitoring of the babies – one was only hooked up to a monitor when he became quite unwell. When I asked why they were not monitored I was either told that it was unnecessary (which I disagreed with!) or that they lacked the resources. Possibly due to the high incidence of haemorrhagic disease they were very adept at dealing with jaundice.

The remaining half of my elective was spent in the trauma department of A&E where I saw many interesting cases. Unlike in an A&E department in the UK where a critically unwell patient would be given emergency care regardless of their financial situation thanks to the NHS, in Indonesia patients (or their relative if the patient is unable to) must provide their insurance details or show proof that they are able to pay for their care. Until this has been shown and approved, all patients receive is a bed and a saline drip (via a needle, not even a cannula). If a patient requires a cannula or medications either they or their relative has to walk down to the hospital pharmacy and purchase what is required and physically bring it back to the A&E department, which I found a complete culture shock. Also, the trauma department is run by medical students whilst the doctors sit behind the

nurses' station either sleeping or playing on their phones. Even when patients appeared very unwell or to be deteriorating they didn't always call a senior for help. The nurses in the department took observations on patients about once every 24 hours (there was no 4-hour target for the department!) regardless of how unwell patients are, and there was no continuous monitoring at all. One patient in particular that sticks with me was one that had a scooter accident and had broken both of her arms, one leg and her pelvis, which had all been splinted. Her systolic blood pressure that they were measuring on her leg was critically low yet all they appeared to be doing for her was to give bags of saline. When I questioned whether they would take her to theatre to repair her pelvis I was told that they were waiting to stabilise her first. I found this completely illogical as they were never going to stabilise her when she was bleeding into her pelvis, yet she still remained in the A&E department when I left several hours later. With this and many other cases I found it very challenging to observe what was going on when I was helpless to do anything about it. It was also very difficult to see all the patients in so much pain as analgesia is not something that was used very often, if at all.

Infection control is a concept that definitely hasn't reached Sanglah Hospital yet. Hands were never washed - at most disposable gloves were washed with alcohol gel, bins (including sharps bins) were overflowing and beds and equipment were not cleaned between patients. Also, the sterile field was barely maintained; for example a bung from a central line kit was dropped on the floor and the doctor had to be stopped from carrying on using it, his excuse being that it would require opening a whole new kit to replace it, thereby costing more money to the patient. As difficult as this was to watch, however, there is hope that infection control and the general standard of patient care at Sanglah hospital will improve as they have employed a very competent nurse from Australia to train the staff of the trauma department. Although I only spent a short amount of time with her she was very passionate about improving standards and had made significant improvements in the short time that she had been there, as well as setting up a training program to support the staff after she moves on.

A major challenge that we encountered on a daily basis was the language barrier. Very few patients were able to speak English so it was impossible to clerk them and also the notes were written entirely in Indonesian so we couldn't get a background picture on the histories of any patients. The standard of English among the doctors was variable but they tried to explain what was going on to us wherever they could. I feel that I would have got more out of my elective if there was less of a language barrier as I could have had more communication with both the doctors and the patients.

Although we stayed in a hotel in the very touristy area of Bali, Kuta, I still feel that I was able to gain a fair appreciation of the Balinese culture. This was mainly thanks to our driver, Edy, who was a local Balinese man who was able to tell us about his culture. He gave me some lessons in speaking basic Bahasa Indonesia and people really liked it when we tried to speak to them in their own language (although we didn't have much success!). Edy also took us to a traditional house compound that Balinese people used to live in (and some still do) and explained to us the meaning behind the different areas and the religious reasons behind the shrines that they have. We also visited numerous temples around Bali and trekked into the iconic rice paddies that many Balinese earn their living from. Overall the Balinese are very welcoming people that are strong and have a good work ethic and it was a pleasure to spend time with them.