ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Objective 1: Explore the most commonly encountered chronic diseases that affect the Indonesian population and how this impacts the health system when compared for that in the UK

The most commonly encountered chronic disease amongst the Indonesian population is by in large malignancy. Whilst malignancy is relatively common in the UK, the culture and public attitude towards cancer in Indonesia make it particularly difficult to manage. In the UK most individuals will present (relatively early) to their GP with symptoms of malignancy or having noticed a lump for example. However, in Indonesia the first port of call for most patients is to seek out alternative medicine, that is to say, to use herbal treatments and visit "witch doctors". Of course these attempts for a cure are futile and patients present much later down the line with phenomenal size masses, that have disseminated and in some cases, for lack of a better word, mutilated the patient. The management at this stage is mostly palliative, as attempts of chemotherapy, radiotherapy and surgical intervention become redundant. I believe that the main reason for the difference between patients in the UK and in Indonesia is patient awareness and education. In the UK cancer is a cause for concern for many patients, even the most benign symptom is feared to be cancer by many members of the public, this fear alerts them to seek medical assistance. However, the practice of herbal remedy and natural healing is ingrained into the Indonesian culture, this partnered with the limitations of education leads to patients seeking medical attention too late. This has a large impact on the healthcare system as potentially simple cases are complicated by delays in seeking treatment. Aside from cancer, the incidence of infection in the country is very high, particularly hospital acquired infections and post operative infection rates. This seems to largely be due staff not being as aware in the importance of hand hygeine and maintaining sterility in theatre. Having said this, steps are being taken to create more awareness about hand hygeine to staff, with alcohol gels and 7 step handwashing guides becoming more readily available around the hospital.

Objective 2: compare and contrast the differences between the management of a chronic or acute medical condition within the Indonesian population with that of the UK.

The management of most disease processes are very similar to that of the UK. Whilst Indonesia lacks a comprehensive national health guideline, many doctors follow hospital guidances which do not differ greatly from that in the UK. Having said that, the hospital is heavily under resourced both in materials and in staff training. This has a knock on effect in the delivery and quality of care. One such example is the treatment of myocardial infarcts (MI) and the use of percutaneous intervention (PCI) in the reperfusion of the myocardium. RSUP Sanglah has a catheter laboratory with only 4 doctors trained in PCI, and few nurses trained in assisting. However, these doctors provide PCI services at other hospitals also meaning that a trained physician is not always available to perfom PCI as they may be at another hospital. As a result MI outcome is very poor in the region . Other factors that contribute to the poor outcome is lack of preventative medicine. This again ties back into lack of patient education and understanding in the use of preventative medicine. WIth diabetes, smoking,

hypertension and hypercholestrolemia being very prevalent in the country, very few patients have sufficient control and management of these chronic conditions, leading to devastating secondary events. Aside of lack of human resources, there is a great need for material resources as well. Very few mechanical ventilators are available in the hospital, anaesthetists manually ventilate patients throughout surgical procedures. Patients in arrest are manually ventilated until "either you get tired or the patient dies". It is with regret that this is a common problem and one that could be avoided if the hospital was better funded and better equipped.

Objective 3:to acknowledge and understand the differences between health care systems compared to the UK. to interact with a different patient demographic, including cultural impact on health care.

In the UK, the NHS is designed to provide free health care to the population regardless of socioeconomic status. In Indonesia the health care system is run on the premise of government insurance. Depending on what one can afford, a patient is categorised into one of the three levels of insurance: class 1, 2 or 3. Class ones receive a "gold standard" of care within the remits of their insurance whereas class 3 consists of a lower socioeconomic group. These patients do not receive input from a consultant, they are managed and treated by registrars and those more juinior to the registrar. Whilst those treating class 3 patients may seek advice from a consultant the consultant never attends to the patient, or reviews the patient. This is something very different to the UK system whereby all patients must be seen by a consultant. Furthermore, in terms of training and teaching, medical students only have access to class 3 patients and are not allowed to examine the other classes which, given the different socioeconomic backgrounds, may mean that students miss out on the opportunities to learn about other disease processes . However, despite the different access to medical personnel the management and treatment options available to the different classes are the same. That is to say that a patient in class 3 has the same right to a medication used to treat a class 1 individual. In terms of access to health care, services are widely available. Whilst there is no real GP service , small health centres exist in the community. In cases of emergency and requesting an ambulance the system works differently to that in the UK. In the UK patients requiring urgent assitance call a central operator (999) to request an ambulance. Patients in Indonesia, however, need to call the hospital in which they want to go to, and request an ambulance. Understandably, this is not the most efficient way of getting an ambulance in the region and many patients resort to hiring a taxi as they feel this is the quickest way of seeking medical attention in an emergency.

Objective 4: Personal goals; work in an unfamiliar environment with individuals that know little English Increase my exposure to practical procedures and improve knowledge of general medicine. to improve my confidence as a future doctor by throwing myself out of my comfort zone, into a different culture and a challenging environment with limited resources.

I feel that the personal goals I set out for myself prior to undergoing the elective have been met. I have been able to successfully overcome (most) language barrier issues and even learnt a few key words in Bahasa to aid me in conversing with individuals whilst in Indonesia. I was exposed to numerous practical procedures and now feel I have a better understanding of them as well as being

able to draw contrasts to how we are trained to do the same procedures in the UK. Fortunately, some doctors were keen on teaching and allowed us to join with their other medical students when discussing pathological disease processes on the ward. I feel that the lack of resources in the region have made me more appreciative of the materials and training available to us in the UK. I learnt from this experience that I am confident in working within the limitations of my competence. Medical students in Indonesia are given a lot more practical tasks to do especially in their final year, as such it was almost expected that we as UK final year medical students were competant in these very same procedures. There were opportunities that did arise whilst we were on the elective program that would have been both unethical and dangerous for us to partake in had we decided to accept. In the interests of patient safety, I am thankful that I have the confidence to decline these opportunities but not however miss the opportunity to learn further about the procedure through observation.