# Indonesia baby

**Dr Clare McLean**
House Officer
Lakes District Health Board
Rotorua

Clare is currently a house officer based in Rotorua. Her medical interests include the quality and safety movement, global health and sustainability, and the interface between psychiatry and public health.

When I arrived back from my fifth year selective on a remote island in Indonesia, I didn't want to sleep in my bed. It felt too soft after four weeks of sleeping on a concrete floor.

I went to Indonesia because I suspected deep in myself a lack of awareness. In mental health, we say that a person with 'limited insight' realise to some degree they are unwell or need help, but at the same time cannot recognise fully that they have a mental illness. I think many of us walk around with limited insight when it comes to the injustices of the world. It's pretty difficult to function otherwise. My selective was a sudden, horrific exposure to some harsh truths: truths we mostly manage to block out of the realities of our daily lives.

This essay is a collection of my thoughts and reflections on an experience that has profoundly shaped me as an individual and a doctor. For a long time after my trip, I found it difficult to even put into words what I had seen. This is an attempt to explain.

## THE BABY WHO DIDN'T LIVE

About two weeks into our trip, we arrived in a village to find a ten month old baby named Chelsea dying of cerebral malaria. She fitted almost continually while I ran to the one spot on the top of a hill where there was cellphone reception. I called my mum, which felt ludicrous. We were three medical students, left alone on an island where English was spoken by very few. There was a storm so we couldn't leave the island. I was calling my mum to ask her to talk to a paediatrician friend about how long it would take for this baby to die without water.

"ICU, intubation, brain damage" was all the paediatrician said. I wanted to know how to tell if she was in pain, and how to get her to swallow again. It suddenly seemed almost comically unfair. How could this baby, beautiful and deeply loved, be left to die on the floor of a wooden hut?

Since my trip, I have become very interested in the impact of Western medicine on the diverse societies it professes to serve. What did three Kiwi girls armed with an Oxford Tropical Medicine textbook, some expired medications and shiny new stethoscopes add to the death of an Indonesian baby on Nias Island? What did we take away?

The answers to these questions are frustratingly complex. I would like to share with you some of my thoughts on the potential harms of a paternalistic 'white saviour syndrome' approach, the development of systems to enable health, and the best use of limited resources in developing countries.

## "AT LEAST WE'RE HELPING..."

One of the thoughts that kept coming back to me was the phrase 'at least we're helping…' We did help certain individuals in various ways – for example pulling teeth to relieve pain, using antibiotics to treat a serious foot infection, and catheterising a woman in urinary retention who thought she was about to die. However, many of the things we did probably didn't make a lot of difference, and may have in fact been harmful.

## "ACTUALLY WE MIGHT BE HARMING..."

I started to consider more deeply the damages that a Western doctor might unwittingly inflict upon an isolated community. By emphasising curative efforts and medication, I saw limited resources directed away from areas such as women's literacy and child nutrition. Even well-intended procedures can leave patients with complications that they do not have the resources to deal with. I worried about minor skin operations that we performed, as after we left the island no one was there to monitor for infection or remove sutures. Another perhaps less tangible effect was the way in which we fostered a perception among the islanders we met of Western medicine being magic. It seemed to me that many of the islanders concurrently believed in medical science, in magic men, and in God.

Mothers often believed that malaria was caused by the wind getting into their babies and so we would have children coming in floppy with heat exhaustion, dressed in beanies in the 30 degree heat. We would try to explain that fevers were best treated by cooling children down and demonstrate with wet rags. The mothers would dutifully nod, dress their babies back up in their multiple layers and ask for "the pills". One-off pills and even better injections were often conceptualised as being able to treat almost anything. A lack of understanding about the need for behavioural changes and long term treatments were a complication of this perception. We were seen by the locals as especially powerful and if we didn't give some treatment, we were wilfully denying a patient a cure. Many patients with tuberculosis who were already being managed (albeit somewhat sporadically) under the World Health Organisation programme came to us, convinced that pills from white doctors would be their cure, despite being on long term appropriate tuberculosis treatment.

### THE CENTURY OF THE SYSTEM

The embryonic health system I saw in Indonesia seemed to me to have a malformation in that it did not address the root causes of health problems. We are easily captivated by what we can see, be it a sick baby being cured, or medical equipment. But I was crushed by a baby dying and equipment wasted. I know now what these people require for an improvement in their health is what is less able to be seen – education of mothers, empowerment and a feeling of control over health.

The systemic public health problems in Indonesia are numerous and I came to realise that there is no quick-fix solution. Indonesia has a very dysfunctional health system, however the system cannot be improved in isolation, as the political structure of Indonesia and the corruption seen at all levels of governance hinder development. There is little logic in the distribution of funding. For example, new hospitals were built with expensive equipment such as MRI scanners but they are understaffed by staffs that have been inadequately trained, which was evident when we went to the 'big' hospital on Tello Island.

On a different scale the public health centre (Puskesmas) on the smaller island we worked on was funded sufficiently to have nursing staff but since there was no accountability to anyone so the staff essentially took their salary and did not show up for work. These are frustrating examples and show the progress Indonesia must make in improving its healthcare provision. Likewise, issues such as tobacco taxing and advertisements, which could have a huge impact on health outcomes and disease burden, did not seem to have been addressed at all. What governmental and non-governmental organisation (NGO) education there was on clean water and mosquito nets was ineffective as the islanders didn't have the resources to implement these changes.

### CLEAN TOILETS AND SELF-CLEANING LAGOONS

Six months before our arrival, Western volunteers had put rain water tank systems into all seven schools on the island. None of these tanks were functioning during our visit because there is no money or motivation to maintain them. This clearly illustrated for me that public health interventions cannot be a one-off, coming from outside the community and again, cultural differences are fundamental to this process. One island we visited has a luxury surf resort on it and Australian surfers fly in for ten day retreats. The owner told me how some surfers had offered to build a toilet block for the village on the other side of the island. The village chief had been highly sceptical and told the resort that if they really wanted to build toilets they could, but they would need to send someone to clean them each day and maintain them. This is a good example of how easy it is to fall into the trap of thinking the Western way is the right way. My thought patterns would go along the lines of: *they don't have any toilets – toilets are necessary and good for health and the environment – they are getting free toilets – how ungrateful!* The village chief is more likely to have thought: *we are perfectly happy with our current system of defecating into the sea – we don't need an ugly building which will not work properly in a few years – no thanks!*

Another illustration of intermittent western involvement was our travelling clinics. The management of diseases such as diabetes, peripheral vascular disease and stroke was very difficult due to the transient nature of medical services. A good example is that blood pressure medications were only available from a pharmacy located two hours away by boat. It was easy to begin blood pressure control and others before us had (with medication donated from New Zealand), but I found it difficult to see the point without long term follow-up, or money for medication. Chronic disease prevention and management is all about lifelong interventions, and I found this pill approach frustrating. I equally found the prior lack of education around essential health issues such as smoking, open fires and obesity frustrating. Maybe we could have given 'lifestyle advice', but honestly the people I met did not have the resources required to make many choices about their 'lifestyle'.

### WHAT NEXT?

After my time in Indonesia, I appreciate that medicine doesn't work very well in isolation. Without a functioning health system and competent colleagues to refer to, much of what we saw we could not effectively manage or treat. We made a difference for the few lucky individuals with acute conditions who happened to be in the right place at the right time. However, education, money for resources such as clean water systems (and a drive from within communities to implement these), and a transparent and effective health system will be what really improves health.

### WHEN ALL OUR BABIES LIVE

I don't know why it took a baby dying in front of me to make me finally begin to really think about global poverty but I want to say to you that as future doctors - we cannot live our lives in the bubbles of our own communities. People only a phone call away are dying of preventable diseases. It's up to our generation to figure out what we want to do about it.

---