



## FMSA Professional Exchange report Indonesia Sofie Klein Gunnewiek

In the period of 14 September 2015 - 9 October 2015, I was doing my IFMSA Professional Exchange within the *Universitas Muhammadiyah Yogyakarta (UMY)*, an Islamic university. The name of the hospital I worked in during those 4 weeks is RS PKU Muhammadiyah Yogyakarta, a private Islamic hospital. Actually, I worked in two locations of this hospital: Unit I (Yogya) and Unit II (Gamping). There was a huge difference between those two



Dr. Jaqin in the middle with Riccardo and me next to him and some members of the kamar operasi team

locations because the first one dated from 1902 and the second was very new and more spacious. I was placed in the department General Surgery under supervision of dr. H.R. Nurul Jaqin, a very friendly man who always talked about the lion heart you need to become a surgeon and who called himself 'the king of the hospital'. The first two weeks I was together with Riccardo, an Italian student, under Jaqin's supervision. This

was really nice because we had someone to talk to when we had to wait (be prepared of waiting a lot in Indonesia) and we could help each other if we didn't understand the doctor very well. If you want to do an exchange in Indonesia, you have to be aware that there is only a small minority who speaks English (mostly younger people with higher education). The doctor could speak English but it happened a lot of times that we didn't understand each other. For me this was a bit disappointing in some cases I was really interested in but couldn't get (satisfactory) answers on my questions. Conversations with patients are obviously in Bahasa Indonesia so sometimes the hours in the outpatient clinic (and the visits to the wards) could become a little bit bored in my opinion. But fortunately, we

were able to be present at a lot of operations! This was for me the best part of the exchange, because you could see all kinds of techniques and there was more space for questions and contact with the doctors and the rest of the team. My goals for the exchange were to learn about the whole process from anamnesis, examination, operation until post-surgical care and I wanted to learn what the basic surgical techniques were, so in this I succeeded. Unfortunately, I didn't succeed in reaching my goal of being able to



Me at a traditional Javanese wedding with the bride and groom and their parents in the typical 'photo session'



interpret CT and MRI scans better. This because they rarely make such scans since they are too expensive. I also expected to learn more about common diseases in Indonesia. Although I didn't really improved a lot in my medical knowledge or skills, it was very interesting to be part of a different healthcare system in another culture. I had to wear long sleeves and a veil in the hospital, so I really participated in their habits and also tried lots of local food in the hospital (sate was definitely dr. Jaqin's and my favourite). The most special events during the exchange were the three (!) traditional Javanese weddings I was invited to.

During my exchange I was staying with a host family: a 4<sup>th</sup> year medical student called Amma who lived by herself in a beautiful house in a residence just outside of the ring road. I had my own room and bathroom so I guess I was very lucky. Amma or her friend always brought me to the hospital and picked me up again many times as well. She helped me with a lot of other things and we had dinner together some times and even visited the Prambanan temple together. I could not have wished for better!

The social programme of the Local Exchange committee was also very pleasant. The second night I was in Yogya they organised a welcoming dinner, where I also met Riccardo and two other students who were participating in a Research Exchange. They invited me to go with them to the beach, which was part of their social programme. The same week 2 girls of the committee took me to the Ramayana ballet at the Prambanan temple. This traditional Javanese dance was very nice to experience in the sight of those beautiful temples. The other activity the committee organised for me was a rafting trip on the Elo river. At the end they also organised a farewell dinner which we combined with a SCOPE Share meeting, for which I had to present something about The Netherlands and our medical system. This was a really nice evening and it was hard to say goodbye to some of them, because only in those few days we had started to become friends.



Social programme: Ramayana ballet at Prambanan temple

My experience with my contact person here in Indonesia was pretty good. She picked me up at the hospital, showed me my accommodation and introduced me to the doctor the first day. The only thing is that communication was sometimes a bit late. For example I



already received the Card of Acceptance and consequently booked my tickets to Indonesia, when the LEO asked me (4 weeks in advance) if I couldn't start 1 week earlier. Obviously that was not possible anymore because I had already booked my tickets. Also she didn't communicate clearly if she would be there at the airport to pick me up. But after all, everything worked out well so I had no difficulties.

The biggest difference between the health care system in The Netherlands and Indonesia is definitely the amount of money and equipment available. Also the insurance is better organised in The Netherlands (for example in Indonesia you have to go back to get a new prescription for drugs every month, even if you have a chronic disease and you have to use the medication for years). A difference in culture that I came across, is that patients are not asked to take off their clothes for physical examination, but that only a shirt is pulled up a little and only a small space just enough to see or treat the site of injury is uncovered. An ethical question I found hard to agree with, is that abortion is illegal in Indonesia. I came across a case of a 17-year old pregnant girl who didn't have a boyfriend or husband and who didn't even finish high school yet. She and her dad obviously didn't want the child, but only on strict indications abortion is possible. That made me think I am glad that we do have this possibility in The Netherlands.

The most important Global Health problems in Indonesia are diabetes type 2 and hepatitis B. In the hospital they are well aware of the hepatitis and it is standard to test every patient on HBsAg when taken blood for other examinations. But I don't know for sure if the citizens do know a lot about hepatitis and how to prevent it. Maybe there should be more information for them and more attention for hepatitis B. For example, they could organise a day about hepatitis just as they already do for diabetes.

The most important things in this exchange that will affect my future work as a doctor is the cultural understanding I learned here and the awareness that sometimes not all possibilities in The Netherlands are that self-evident. I hope I will be a more empathetic and culturally sensitive doctor because of my experiences.

