

By Dr Teo Eng Swee Cuthbert, Editorial Board Member

Medical & Dental Outreach to Bali



The Singapore group with local health workers. Dr Cuthbert Teo is squatting in the foreground. Dr Myra Elliott, the group leader is in the centre. Her hands are rested on Mr Subandi Salim, one of the Indonesian sponsors, and Dr Tham Siew Nee, a dermatologist.

Dr Teo Eng Swee Cuthbert is a forensic pathologist by training, with a special interest in work against child abuse. Since doing disaster victim identification (DVI) work in Phuket after the December 2004 tsunami, he has taken a strong interest in doing charity work. It is good for the soul and he recommends it for anyone. DVI work was a truly life changing experience, and he has learned to be less uptight and more forgiving.

I was part of a team of volunteers who went to Ubud in Gianyar Regency of Bali for a five-day medical-dental assignment on 19 October 2005. We went in our personal capacities. Our group, which we called the Medical and Dental Outreach Programme, is not affiliated to any religious or non-governmental organisation. The team consisted of nine dental surgeons, four medical doctors, one pharmacist and two dental nurses.

JEWEL OF THE EAST

Bali is province of the Indonesian Archipelago, with Java to the west and Lombok to the east. It belongs to a group of islands called the Lesser Sunda Islands, which together with the Greater Sunda Islands (Borneo, Java, Sulawesi, Sumatra) form the Sunda Islands. The province is divided into eight regencies and the provincial city Denpasar.

Bali is well known as a major tourist destination for its highly developed arts, particularly dance

(*legong, baris, barong, kecak, pendet*), music (*gamelan*), sculpture (wood and stone), painting, metalwork (gold and silver ware), and textiles (*ikat and batik*). The island is about 153 km long and 112 km wide, and its land area is about eight times that of Singapore's. Bali has an active volcano, the sacred Mount Agung, about 3140 m high, which last erupted in 1963. The caldera of another volcano, Mount Batur, which holds Lake Batur, is thought to have been formed some 30,000 years ago in one of the world's largest volcanic events. Unlike most of Indonesia, the main religion is Hinduism, which forms an inseparable part of life. Cremation and reincarnation are very important events. In Balinese culture, Bali was specially created as a shrine for all Gods, and thus Bali is sometimes known as the Island of Gods. The population of Bali is around three million.

Most Balinese are involved in agriculture (for example, rice, coffee, fruits and vanilla) and

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industries based on textile, garments, wood products and handicrafts. The export of these products is an important part of Bali's economy, as is the tourist industry. The Balinese speak Bahasa Indonesian and Balinese. Their culture is based on a caste system, which has become less pronounced in the past few decades, but which is still strongly influential in Balinese life. The tranquility of Bali was disturbed by a series of bomb attacks on 12 October 2002 (in Kuta) and 1 October 2005 (in Kuta and Jimbaran). Despite this, Bali remains the Jewel of the East because of its beauty, culture and people. There is a special Bali magic which is difficult to explain unless you have been there.

Gianyar Regency is in the southern-central part, north of Denpasar. Ubud is one of the sub-districts in Gianyar, and is regarded as the cultural centre of Bali. The town and its surrounding villages have a population of about 8,000.

REACHING OUT

The planning and coordination of our assignment to Ubud started as early as a year previously, headed by the team leader Dr Myra Elliott, a dental surgeon in private practice. Under the invitation of the Gianyar Local Health Authorities, our aim was to provide free basic primary medical and dental care to the rural villages, where health awareness and access might be lower compared to those living in the city. This was quite a challenge because we would not have access to support services like a pharmacy, laboratory and X-ray facilities. Despite the bomb blast which occurred on 1 October 2005, none of us were anxious about leaving for Bali on 19 October.

We were housed at the Agung Rai Museum of Art (ARMA) in the Pengosekan area of Ubud. ARMA is owned by Mr Agung Rai, who is deeply involved in the world of Balinese art, particularly painting. He founded the ARMA Foundation, whose goal is to preserve and promote Balinese Indonesian art. Mr Agung Rai and his wife Mdm Agung Rai Suartini coordinated our Programme right inside the museum where villagers and children from an orphanage were transported in busloads for treatment.

The opening of our Programme was officiated by the Mayor of Gianyar and the local health authority in the presence of the mass media. The programme was well received by the local people and the team treated more than 1,500 patients. It was a well collaborated effort between the Singapore team and the local health workers.

The dental team comprised an oral surgeon (the team leader), a prosthodontist, general practitioners and a dental assistant. We brought restoration instruments and materials, minor oral surgery sets

and instruments, and a scaling device to provide a comprehensive range of dental treatments for the villagers. We also brought toothbrushes and toys to be distributed to all the villagers and children respectively. There were more patients that require preventive and restorative treatment as compared to extractions. A fair number of patients did not require any restorative treatment except scaling. In some cases, the dental team worked together with the medical team for minor surgery (lumps and bumps). There were a few cleft lip and palate patients, who would be closely followed up later by Dr Elliott. Prescriptions were handled by the medical team's pharmacist.

The medical team comprised a dermatologist, forensic pathologist, private practitioner, medical officer serving in the Singapore Armed Forces, and pharmacist in private practice. The team brought along medical equipment and medicines. The equipment included sphygmomanometers, stethoscopes, tendon hammers, ophthalmoscope, auroscope, torches, tongue spatulas, thermometers, syringes, masks, gloves, minor surgical sets, gauze, dressings and resuscitation kits. The medicines included resuscitation drugs, gastro-intestinal drugs (metoclopramide, diphenoxyllate, antacids, hyoscine, charcoal), non-opiate analgesics (paracetamol, mefenamic acid), antibiotics (amoxycillin, cotrimoxazole, tetracycline, metronidazole), antihelminthics (mebendazole), respiratory system preparations (salbutamol, antiseptic lozenges, cough suppressants, expectorants, chlorpheniramine), dermatological preparations (hydrocortisone, ketoconazole, betamethasone, clotrimazole, benzyl benzoate, fusidic acid, methyl salicylate), eye and ear preparations (chloramphenicol, neomycin-hydrocortisone), vitamins and lignocaine. We also brought medicine bottles for liquids and tablets, small tubs for creams, 5 ml spoons, drug envelopes, drug labels, and prescription pads.



Dental examination.



Temporary pharmacy which the group set up.

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There were many patients with chronic conditions (such as hypertension, cardiovascular conditions, diabetes mellitus, epilepsy and thyroid conditions) that we did not treat, but who we advised to seek medical treatment from the local health workers. Working with the latter is thus very important as these patients would need long term follow-up for better control and management.

Common complaints included back and joint aches and pain, giddiness, headache, abdominal discomfort, and shortness of breath. Minor lumps and bumps were not common complaints, but the ones we saw were mainly superficial lipomas and sebaceous cysts. Where appropriate, these were surgically removed under local anaesthesia. We saw many elderly patients who were generally in good health. Their complaints were mainly related to degenerative conditions like osteoarthritis, cataracts and so on.

There were many patients with dermatological

complaints, mostly dermatitis and superficial fungal infections. Many patients were also concerned about itch and disfigurement caused by hypopigmentation and scaling in the exposed parts of the body. Tinea versicolor and atopic dermatitis were common but the majority was mild cases. There were a few cases of severe skin problems, like tuberous sclerosis, psoriasis and deep fungal infections, which we treated where possible. If we could not treat them, we would advise the patient to seek attention at the hospital. The children complained mainly of upper respiratory tract infection symptoms like fever, cough and runny nose. There were a surprising number of children who complained of poor vision. They were mostly myopic and were advised to have their vision checked for prescription glasses with the local health workers. A couple of children who were initially seeking dental treatment were referred to us by the dental team for significant heart murmurs. They were put on antibiotic prophylaxis before dental work, and their parents were advised to seek assessment of the murmur at the local hospital.

BALI AND THE ARTS

Although we immersed ourselves in providing

medical and dental care as best as we could in the circumstances, we did take some time out to appreciate the beautiful and fascinating town of Ubud. Much of the town houses workshops and galleries of artists and artisans. The main street was Jalan Raya Ubud, which runs east-west. The local specialty, crispy roasted duck, could be enjoyed in a charming eatery called the Dirty Duck (Bebek Bengil). Two other interesting attractions along the main street were Monkey Forest Park (a small nature reserve with a temple and a few hundred monkeys), and Puri Saren Agung (a former palace of the last Ubud royal). Ubud market, which is really a warren of stalls, was a great place for haggling for *batik* shirts and wood carvings. Surrounding the town proper were beautiful rice fields and quiet villages.

What impressed me was the art and culture; the profusion of plants and flowers; the verdant quilted terraced rice fields coloured by the shimmering lights of sunrise and sunset; and the fauna which included snakes, monitor lizards, *tokays* (large geckos with equally large droppings) and, of course, the monkeys of Monkey Forest Park. The fruits and coffee from Bali were some of the best I ever tasted (mangoes will never taste the same again). What captivated me the most were the varied Balinese dances with their carefully measured rhythms, dipping and rising on half-bent knees, delicate finger movements, emotive flicks of the eyes, alternate sinuous and stiff movements of body and neck and square brisk arm movements. Every aspect of life seemed to be suffused with religion, evident from the *sesajen* (offering of salt, flowers and rice in a small bamboo leaf tray) seen everywhere. Food offerings are placed on the ground in front of houses, for their essence to be taken up by the spirits, after which dogs and chickens quickly came to share in the food.

However, my most lasting impression of Bali will be the graciousness, courtesy, patience, and hospitality of the people. ■



Performing minor surgery to remove a lipoma on the back.



Dr Cuthbert Teo with Ibu Cenik, an elderly Balinese dance teacher.