

ISTIH: New Perspective in Improving Quality of Health

“Live as if you were to die tomorrow. Learn as if you were to live forever” – Mahatma Gandhi

My name is Raymond Surya and I am a fifth year medical student in University of Indonesia. I am so lucky to get a chance on an International Skills and Training Institute in Health (ISTIH) elective placement scholarship. I get a placement for four weeks in respiratory medicine Sir Charles Gairdner Hospital (SCGH) and directly supervised by University of WA professor, Bruce Robinson.

Through this elective placement, I learnt a lot of new things from the knowledge itself, management of patients, to health care system in Australia. In this opportunity, I would like to describe how important the health care system to improve the patients' quality of health. Compared to my lovely country, Indonesia, Australia has run universal health insurance scheme since 1984 by Medicare. This system obligates the patients firstly to meet the general practitioner (GP) before referring to specialist. Almost all of patients I talked in ward have their own family doctor. Therefore, they will be followed up by their GP after discharging from hospital. Here, I see that the referral system runs properly and I almost never meet patients who can be handled by primary health centre admitted to the hospital outpatient clinic or ward; otherwise, they come due to emergency reasons. Having good referral system, the patients overload in outpatient clinic can be avoided. They have an appointment to meet the specialist in outpatient clinic. Hence, the doctor has more time to get in touch with patient. This interaction will enhance the quality of service. Quality of service indirectly improves the quality of health. In Indonesia, I find out the patients being able to go to specialist directly so that the workload of specialist rise and finally they have no enough time to deal with the patients appropriately. Therefore, I consider this excellent system should be applied in Indonesia where the GP has a first role in looking after the community not only a patient.

The second one which makes me interested in is work principal. I sense that here the doctors do not act as if they are God, more superior to the other health workers. Collaboration holds a key role in managing patients. As a definition, collaboration is working each other to reach the shared goal. In hospital, the goal is giving the best service to the patients so that every health workers need to have good communication in teamwork. For example, in planning of

discharge, a patient will meet several people such as nurse, physiotherapist, social worker, and of course the doctor. Every health worker can decide for the discharge planning so that the final aim is to prevent the patients return to hospital soon and making sure that the patients can cope by themselves at home. In Indonesia itself, I realize that the doctor has still the most powerful person to decide the patients plan to discharge. Through collaboration, patients are regarded not only by the disease but also the whole body, mind, and spirit.

Based on those two points above learnt in Australia, I would like to apply collaboration in managing the patients to improve the quality of service in Indonesia. Thereby, we can minimize Indonesian patients seeking cure abroad. Through a universal health care, I believe that there is an enhancement of quality of health which emphasized on primary level of prevention. The quality of health can be measured by the length of life expectancy.

Through this ISTIH program, I recognize there are a lot of lessons observed from developed country, Australia. I hope this amazing program perceived by other students coming from developing country in accordance with ISTIH purposes, namely, building skills and partnerships to the world.