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Pregnant in Rural Borneo: What I Learned About Doctoring

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I never planned on getting pregnant and travelling to a third world country for a medical service trip. It just happened that way. As a third year internal medicine resident at Stanford Hospital, I applied for a 6 week global health fellowship that would allow me to work in a remote rural clinic in Borneo, Indonesia's largest of 17,000 islands. The job description was simple. I would be seeing patients in a well-established local clinic run by a wonderful organization called Alam Sehat Lestari/Health in Harmony. In addition, I would supervise a few smart recent graduates from Indonesian medical schools, teach them in lecture style settings and attend to any emergencies that walked through the clinic door. It sounded like a fantastic experience. And then, my husband and I found out that we were expecting our first baby. I

wrestled with the decision to go versus staying home, but in the end, I knew this was my last chance to do something this adventurous and meaningful in the realm of global health. I packed my bags and went to Borneo.

After the 36 hour journey to Sukadana, the remote Bornean village where I would spend my summer, I found that I was in for a much richer and far deeper experience than I had anticipated. Sukadana is the kind of fantastic place that lives in your imagination. It is nestled in the rainforest and yet manages to boast a pretty brown sandy beach that gets framed by marvelous rainbows during the rainy season. Its people are otherworldly with their deep sincere smiles that never seem to end, their big hearts, and their gratitude. There is little to no internet, running water, or air conditioning even amidst sweltering tropical heat and humidity. The place is even untouched by the sweeping influence of coca-cola products. Showers are taken with buckets and monkeys frolic outside of homes early in the morning. People maintain a simple and organic diet consisting of freshly caught fish, local vegetables and the bane of my existence- white rice. During my time there, I rode a bicycle everywhere, became accustomed to using an eastern toilet (aka squat toilet), and even found a way to coexist with an unusual roommate: a giant foot-long exotic biting lizard.

Living in Sukadana was the greatest adventure I could have asked for, but it was my time in that tiny rural clinic that really shaped me as a doctor. The clinic was housed in a small building and consisted of two patient examination rooms and three beds for inpatient care. (Interestingly, in accordance with Indonesian custom, people would remove their shoes before entering the building.)

Being trained as an internist means that you become an expert at diagnosing and managing adult medical conditions, but in this clinic, all of a sudden, I became the community doctor. Anything that walked through the door was fair game. Eye emergencies, trauma, obstetrics, gynecology, infant care, and neurologic emergencies all found their way to me and with the limited testing resources available to us, all we could do was our best. There were moments that really challenged my emotional fortitude. I particularly remember a 43-year-old woman who was brought in unconscious by her family. One moment she was preparing dinner in her kitchen, and the next she was being rushed to the clinic after being found unresponsive on the floor. There was not a CT scanner or an MRI machine or even xray capability available to us, but using the most basic medical diagnostic skills, we were able to determine that she had suffered from a massive stroke. As we managed her supportively with IV fluids, and blood pressure monitoring, I could not help but think how things would have been so different for her had she been at any American hospital. After a few short hours, she passed peacefully with family by her side, but the feeling of not being able to do anything for her in those last moments really struck me. I was so used to using mechanical ventilators, transferring patients to a higher level of care and even sending them for emergency surgery when indicated. None of these were options in Borneo. Patients were just thankful to be seeing a trained physician instead of a local medicine man.

In those trying moments when all you can do is your best, you somehow find the strength to do even better than you thought you could. Sometimes, many times, even that is not enough. It really sends home the message that death cannot be escaped. I think that experiencing medicine in that type of environment forces you to think faster, harder, and more critically. You end up relying less on fancy tests or imaging and find a way to make the diagnosis by relying on physical exam, patient history, and your own intellect. Being there in that clinic, I think, made me a stronger person, a better doctor and someone with a greater passion to help patients through preventative education. If I can help prevent one death from diabetes or high blood pressure, then my purpose has been fulfilled.

Have you ever had a formative experience that changed your perspective and made you a stronger person? I'd love to hear about it.

For more information on Health in Harmony including the ASRI clinic, or to donate or volunteer, please visit HealthInHarmony.org.



Article written by [Aaliya Yaqub MD](#)

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