

August, 2021 Personal Experiences of Death and Illness in Bali

On a Sunday afternoon in mid- August, 2021 my friend Libby called me in tears and asked me to drive her husband, Eric and herself to the BROS hospital in Renon.

Eric wanted to use BROS as he had been here previously and they had his medical records and his cardiologist was based there.

They immediately took him to Emergency and examined him. He was in a great deal of abdominal pain and his blood pressure was very high. They called his cardiologist and they ruled out heart attack but gave him painkillers and admitted him to the hospital. No clear diagnosis was made at that time.

Of course Libby was worried but she had the foresight to ask the doctors if they could keep her & myself updated each time. This allowed Libby to get a different understanding of the problems. She knew that she was not fully comprehending the situation but she was able to make clear decisions by discussing it with someone else.

When she was at the hospital alone and the doctors gave her an update, she either recorded what they said or telephoned one of her adult children to listen in.

This was one of the smartest things I've seen people do in these circumstances.

Libby and Eric were well insured by their health cover in Australia and she asked her daughter in Australia to take over the role of contacting them and liaising with them.

After 2 days the doctors decided to do an exploratory operation on Eric's abdomen and discovered that he had a very serious case of sepsis. The abdomen cavity was full of Bile and poison and his whole system was compromised.

They did what they could but he never regained consciousness and for the next 18 days he was on a ventilator.

The health insurer wanted to arrange a medivac to Darwin for him and the planning was underway. Bali and Australia were in the middle of the first of the Covid emergencies and Libby's daughter had to get Libby on the first repatriation flight out of Bali to Darwin as they wouldn't allow her on the medivac flight.

The plan was to get them both to Darwin. Eric to the Royal Darwin Hospital but Libby to 14 days quarantine before she could see Eric. This was not ideal but one of their adult children could possibly fly to Darwin to help.

To arrange the flight, the insurer insisted Eric be transferred to BIMC in Nusa Dua. This is a non-Covid hospital and everyone is required to have a test before entering the hospital, so more delays. But it is the only hospital group that is a member of the Australian affiliated hospitals and that is why the insurer insisted on it.

Finally, the ambulance from BIMC arrived to transfer Eric to BIMC Nusa Dua. Libby and I needed to follow the ambulance and make sure BIMC had his records and got him settled. This was 1.00am in the morning.

It was raining and very dark.

We had a mad drive through the streets and onto the toll way and finally got to the hospital behind the ambulance.

There were some lighter moments of laughter. The wild drive through the streets was curious. We didn't know that all traffic lights in the area are turned to red in every direction after midnight. So of course we were stopped and confused, and it took a few moments to recognize the situation. Libby was saying how much Eric would have enjoyed the ambulance chase through the streets. It was relief to laugh.

When we got to BIMC and they immediately took Eric to emergency and then to the ICU, we realized that he was the only patient in that part of the hospital. There is a renal unit there and they immediately arranged dialysis to try to clear his kidneys.

Libby had asked the staff at BROS to make sure that Eric's medical records were with him in the ambulance.

We found that they had sent a 1 page document that told the doctors very little. Luckily, Libby had a large file with all of his records and she was able to update the doctors on his medical history.

Libby and Eric's 50th wedding anniversary past during this time as did his 79th birthday.

I was not with Libby all the time, so Marilyn came for at least half the time. Luckily she is a fluent Bahasa Indonesian speaker and she was able to communicate wishes and thoughts to the medical staff.

This made an enormous difference to the situation and would be of benefit to any person or family during hospitalisation.

Eric had not regained consciousness and the situation seemed terminal, so the likelihood of flights to Australia was dismissed although the health insurer kept on insisting he should go.

Both Marilyn and I were widows and both our husbands had died unexpectedly in Bali a few years before, so we had life experiences to talk to Libby about.

We all discussed options constantly and what she wanted to do and what were her wishes. She knew he would never recover and decided to ask them not to resuscitate him if the moment arose. We also discussed funerals and what she needed to do.

We were convinced Eric could hear us and as Libby held his hand and talked about their love and their children and grandchildren, his eye lids fluttered rapidly and his breathing increased. As she turned to leave, his heart stopped beating and he stopped breathing.

As always the medical staff were wonderful and immediately started CPR.

They came to Libby for instructions and she was amazing and decisive. She held her hand up in the stop signal and clearly said stop. This was really her proudest moment. She made a loving caring decision.

While the staff were attending to Eric's body, Libby, Marilyn & I discussed the next step.

We immediately called the funeral director and he said he would come immediately and he was at the hospital within 15 minutes.

He was known to Marilyn & myself, so we were happy to recommend him to Libby.

He immediately arranged for Eric's body to be taken to the morgue and discussed Libby's funeral wishes.

Of course, Libby was on the phone constantly to her children and she had many group calls to send video and information to them. It was essential that she have her phone charger and adapters with her all the time.

Apart from the pressure and difficulty of having a loved one so sick in hospital, almost none of this story was easy. Libby's daughter is well connected politically and works at Parliament House in Canberra.

It was her relentless phoning and pushing that got the medical insurer to act fairly quickly and to pay the hospital and funeral bills. She ran all over Parliament House harassing the appropriate ministers and their staff to get this done. It is also important to note that Eric had been a very senior Northern Territory government Minister for more than 20 years and was entitled to a state Funeral if he was in Australia, so this raised the profile of the situation. I do not think she got much sleep during the 18 days of Eric's hospitalization and for sometime after.

So the things we learnt from this situation were some of the following:-

- Have an easy access medical file containing medical history, up to date listing of medications, copy of your health insurance
- Have lots of pulsa on your phone or the ability to update it quickly
- Up to date phone numbers for family and friends
- A friends group that you or your support people can send information on either whatsapp or messenger, so you are not constantly on individual calls
- Phone charger and adapters
- Support person who speaks good Bahasa Indonesian
- A book to read whilst waiting
- Access to drinking water and food (the cafeterias at both BROS and BIMC) were minimal at best.
- Prepare and advise your friends and family of your care wishes should you be unable to communicate (Five Wishes)

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