ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

As the second part my elective, I chose to spend some time in a public university hospital in Kota Kinabalu in Sabah Malaysia in the general medical wards in particularly gastroenterology and haematology. Owing to the fact that I want to specialize in cardiology and go through core medical training, I thought it would be exciting to combine to my previous cardiology elective a general medical placement as well. I was eager to get an insight in the common general medical presentations in a tropical location such as Kota Kinabalou in South East Asia. Malaysia is a very versatile and exciting country to practice medicine in the context it faces both the commonest chronic conditions of the western world as well as tropical infectious diseases that I have hardly studied or seen during my medical training in the UK but may come across at some point of my career. During this placement, I observed how health provision occurs in the island Malaysian sight of the Borneo island and contrast that to the UK, as well as gain a bit of insight with respect to the common medical presentations in this country.

According to a report published in July 2012 by the Ministry of Healt Malaysia, Circulatory and respiratory diseases account for the most common causes of death in the country. I was surprised to find out by one of the supervisors that around 50% of the population here is obese. Prior to visiting the country I was under the impression that western diet and lifestyle would not have affected the country in this extent. Chronic diseases that are prevalent in Malaysia include hypertension, ischaemic heart disease, COPD, asthma and diabetes. These are diseases that are commonly seen and managed in the UK as well. Similarly to both the UK and Cyprus there is a number of cardiovascular and metabolic risk factors and smoking is one of the main modifiable risk factor. While on elective I took an interest on tobacco in both Cyprus and Malaysia because I was negatively surprised that smoking patterns significantly differ from those in the UK. Most of the patients in Malaysia started smoking early during youth period. Fortunately, there are national campaigns for smoking cessation, for example the use of photographic materials on cigarette packages and limiting the visibility of the brand name on packages. Despite this, I have witnessed a great number of smokers around the streets even outside the hospital. Smoking is a major problem among youth in Malaysia, the prevalence of whom is around 21.5%. However, infectious diseases take a leading cause of death in Malaysia. TB, malaria and Dengue fever are so prevalent that when a patient presents with fever these are the main differentials you have to rule out.

During the placement we had the opportunity to see cases of different medical presentations. I was surprised and never have considered that as a part of the history taking you have to include questions such as the rooms in the house that have a clean water and electricity supply or about possible sites of mosquito and rat breeding in the house or even a history of jungle trekking. Despite the rapid development of Malaysia and the modernisation and industrialisation of the cities such as the Kuala Lumpur, there are is still a high proportion of people in Sabah that live under poor conditions without clean water and overcrowded which increases the risk of infection spreading.

The Malaysian healthcare system has been commended by WHO for being easilty accessible and affortable. Talking with the medical staff I found lots of similarities with the UK system but there are also differences. However it seems that in some areas the healthcare here is trying to catch up with developments in the UK. The healthcare system in Malaysia is divided in private and public similarly to that of the UK and Cyprus. The public healthcare is divided into the hospital based (clinical) and the public primary healthcare which consist of Klinik Kesihatan, Polyclinics, Klinik Desa, 1Malaysia Clinic and the public health departments. The primary health care is good and there is good accessibility to the services even in rural areas. Hospitals can be divided in district and general hospitals. Almost every district has a government hospital equipped with medical officers as well of consultants for most of the specialties along with theaters for the surgical procedures. Smaller hospitals may face the problem where consultant expertise can be provided only by consultants visiting on a monthly basis. Every state has a general hospital as well, servicing a great number of patients for a variety of specialties, diagnostic procedures and clinics. These hospitals also offer the training for the doctors. In Kota Kinabalu there are three public hospital, public health clinics with Queen Elizabeth General Hospital being the largest. Similarly to the UK, there is a private system as well providing primary and specialist services. Similarly to the UK the healthcare system is tax funded. There is growing private sector and number of medical insurance companies. In contrast to the UK where everything is free, primary health care costs RM1 for outpatient treatment and RM5 for specialist care. However these prices are very insignificant even for the less fortunate proportion of the population. The public nature of the systems in the UK and Malaysia has benefited hugely the populations of the two countries. Similarly, they are facing the same shortcomings, long waiting lists, in Malaysia even longer than those in the UK and limited medical staff.

All in all the elective placement in Eastern Malaysia was an exciting experience. Not only it was my first time visiting Asia but also it was the first time I experienced how a healthcare system works outside Europe. During the elective I had the opportunity to put in practice the skills and knowledge I gained in the UK. I was challenged by the fact that communication with patients is very difficult when you do not speak the language. Using hand gestures as well as interpretation from local medical staff as well I was able to overcome this problem. What is more, even though there were a lot of similarities between the hospital buildings and the structure of the wards, the mentality in general is different. Comparing this with the private setting I experienced in Cyprus, it seemed like a much more challenging environment to work in. It also puts in context why I studied medicine and how I ca put the skills in good practice in countries that need it the most. It reinforced my idea that I want to pursue a medical specialty as a career.