ELECTIVE (SSC5b) REPORT (1200 words)

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

Choosing an elective in Malaysia presented an opportunity to observe medicine in a country that is both developed and developing. The healthcare system in Malaysia is a two-tier system, with a private and a public system, the latter of which is government-funded and universally available. There has been a significant amount of recent investment into reforming and developing the public system, with plans to refurbish and expand the current government hospitals, providing updated facilities and increased capacity (WHO, 2017).

However, while the hospitals provide specialist services, they are often staffed by general physicians, with specialists working largely within the private sector. Hospitals are often understaffed, leading to significant waiting times and increasing pressures. This is further felt as hospitals are always working beyond their intended capacity, such as in the Sarawak state of Malaysia, where there is a population of 2.7 million people over 48,000 sq. miles, with healthcare provided by twenty-one government hospitals, including one general hospital and three smaller district hospitals with some specialist services (MoH Malaysia, 2013). These hospitals cannot turn patients away once at capacity, and continue to admit patients irrespective of the bed status. This applies further pressure to the system, as the funding for each hospital is calculated based on the hospitals intended capacity. It also creates further pressures on the waiting times, leading to patients having to sit on chairs in overcrowded corridors, and necessitates that patients are triaged outside the hospital in the car park. The lack of available space means that, in the Emergency Department, there are multiple patients in one cubicle, often as many as six, who will be assessed one after the other. Not only does this nullify patient privacy and dignity, but also increases the risk of transmission of communicable disease. The same space pressure is observed in outpatient clinics, where a team of doctors will see multiple patients at any one time. Each patient is seen by an individual doctor, but they will be seen in a room with other patients, seated next to each other.

In the National Health Service (NHS), there is significant emphasis on patient privacy and dignity. Patients seen in the NHS are always seen alone with their respective doctor during outpatient appointments, and each patient receives their own cubicle in the Emergency Department, which also reduces the risk of disease transmission. While NHS hospitals are often running at capacity, the structure and administration of the system means that this is not exceeded, thereby ensuring patient safety, as there is not an inappropriately high ratio of patients to doctors.

Non-communicable diseases (NCDs), or degenerative diseases, account for the greatest disease burden in Malaysia. The main NCDs that are responsible for the most years of life lost due to premature mortality and years of healthy life lost due to disability, include cardiovascular disease (CVD), cancers, diabetes mellitus, and chronic respiratory conditions (WHO, 2014). NCDs cause 73% of deaths, accounting for seven out of the top ten causes of mortality, and include ischaemic heart disease (IHD), stroke, chronic respiratory conditions, diabetes mellitus, renal disease, and malignancy of the respiratory tract or breast (WHO, 2014). The significant burden from NCDs is linked largely to the prevalence of NCD risk factors among adults, including hypercholesterolaemia (47.7%), obesity (47.7%), smoking (43%), inactivity (33.5%), and hypertension (30.3%) (WHO, 2017).

This presents a positive opportunity for global health, as with more populations afflicted by the same disease burden, there is greater incentive for research and education into the prevention and management of these conditions. Furthermore, it will encourage more collaboration in such research, bringing together many resources.

The increasing prevalence of NCDs within Malaysia has been linked to the introduction of the unhealthy urban lifestyle, which includes occupational stress, inactivity, poor dietary habits, exposure to air pollution, and poverty within urban areas. As people have begun to lead more sedentary lifestyles, risk factors have become more prevalent, including obesity, leading to a rise in the incidence of NCDs, such as CVD, diabetes mellitus, and cancer (Mansor, 2013). This situation mirrors the circumstances across the globe; as countries have undergone urbanisation, sedentary lifestyles have come to predominate, leading to a rise in obesity and other risk factors, and subsequently a rise in NCDs (Mansor, 2013).

This has led to efforts from the Malaysian government and the Department of Health to tackle the rise in NCDs, through methods of disease prevention and public health campaigns, some of which are very similar to those used in the United Kingdom. One such campaign is the introduction of the "Malaysian Food Pyramid", which advises people on how to eat a balanced diet and the proportions of each food group that constitute a balanced diet. This has similarities to campaigns used within the NHS to advise people of the same, albeit using a pie-chart to demonstrate proportions. In addition to addressing dietary habits, doctors in Malaysia (and in the UK) advise that people should get at least 30 minutes of moderate exercise at least 5 days a week. The "10,000 Step Challenge" was introduced in Malaysia which challenged people to take at least 10,000 steps per day. Public education into how to maintain a healthy lifestyle have been tried, such as the "Healthy Lifestyle Campaign", which ran for a total of six years, focusing each year on different aspects of maintaining a healthy lifestyle and disease education, including themes around sexual health, food safety, paediatric conditions, diabetes and cancer (Mansor, 2013). However, public advertisement is lacking, and the availability of public education around the importance of physical activity is limited. There is little in the way of signage to motivate and encourage the uptake of exercise, and there are very few leaflets available at hospitals and medical centres. This is in contrast to the UK, where such advertisement and patient education is rife and readily available. Furthermore, it is thought that the uptake of physical activity is linked to the availability of good quality green spaces. However, such green spaces are very limited within the cities of Malaysia, and there is little capacity to walk along the roadside, as many roads lack sidewalks (Mansor, 2013). Furthermore, despite the increasing incidence of the diabetes mellitus, there is little provison for prevention, since much of the local food contains sugar, and one cannot purchase a low-calorie or 'no added sugar' soft drink. In both cases, the opposite is true within the UK.

Screening for NCDs has been trialled and considered in Malaysia. Since CVD accounts for the greatest disease burden of all diseases and causes the greatest mortality, screening for CVD with the aim of primary prevention has been introduced. This bears some similarity to the UK, however doctors do not actively screen for CVD, but rather make efforts to identify risk factors for CVD in patients, and manage these as primary prevention (Selvarajah et al., 2013).

While some infectious diseases, such as Tuberculosis, remain stubbornly prevalent, they do not account for a significant proportion of the disease burden (WHO, 2017). Water-borne and insect-borne infectious diseases have declined with improved education and investment in infrastructure. While the water in Malaysia is largely safe to drink, almost all homes are fitted with an additional filtration system that increases the safety of the water to be drunk, further reducing the small risk of water-borne infections.

Malaysia is a country that in many respects is developed, but in some, is still developing. As a result of this, while there has been much effort in improving the health of the local population, through methods of disease prevention and various public health campaigns, much work remains to be done.

References

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