ELECTIVE (SSC5a) REPORT (1200 words)

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

What are the common ENT conditions in Malaysia and how is this different from UK?

ENT conditions are common throughout the population. Some of the most common conditions prevalent in Malaysia include rhinitis (including allergic and vasomotor rhinitis), chronic otitis media, nasopharyngeal carcinoma (NPC), and nasal polyposis. Conditions like rhinitis, chronic otitis media are also common within the UK. The largest difference between these countries is that nasopharyngeal carcinoma is significantly more prevalent in Malaysia. This is because, amongst other factors, a large risk factor predisposing patients to NPC is ethnicity – with Chinese people being a large portion of the population in Malaysia. Additionally, as a diet high in salted fish and a previous exposure to the Epstein-Barr virus are known risk factors as well. A report showed in 2012, around 87,000 cases of NPC cases were reported globally, with around 68,000 of those cases reported in Asia, of which 2000 were from Malaysia. Whereas for most of the rest of the world, the incidence of less than 1 case per 100,000 people per year is reported, which is a significant difference in incidence of the condition between these two countries.

How is healthcare delivered in Malaysia, generally, and for in ENT, and how does this differ in UK?

Healthcare in Malaysia is both similar and different to the NHS that runs in the UK. The largest similarities include a generally good public healthcare system. The main differences are that the NHS runs on funding from national insurance as well as taxation, and whereas Malaysian healthcare is also dependent on taxation, the government also contributes by subsidizing a portion of the costs. Hence, in Malaysia, healthcare is mostly, if not completely free, with the patients only needing to pay for a smaller portion of the total cost.

In terms of healthcare provision for ENT services, it is significantly easier to access ENT and other specialist services in Malaysia compared to the UK. The UK is based on a referral system that must be done via GPs on a triaging necessity basis, in Malaysia you are mostly able to self refer yourself to a service that you deem necessary. As you must be referred by your GP in the UK, the waiting time between your referral and an appointment coming through can take quite a bit of time, especially if it is regarded as a non urgent routine referral (the only exception to these are emergencies like foreign bodies, and 2 week wait referrals for suspicion of cancer). However in Malaysia, it is quite simple and straightforward to see a specialist, as you can also book the appointments yourself, or walk-in to the clinic. Because of this, patient problems are sometimes able to be managed more quickly in the Malaysia. One difference though, is that this can sometimes increase the burden on the healthcare system here in Malaysia as the specialists are also seeing patients that could sometimes have easily been managed in primary care, for example straightforward allergic rhinitis cases that would improve with intranasal steroids and douching.

Another factor to note is that the medical tourism and private healthcare sector in Malaysia is quite prevalent, so patients who do not mind paying a sum for their checkups are able to do so in quite a few different private hospitals. Both systems have their benefits and downfalls, and because the quality of healthcare delivered in both countries are of high quality, there is no one system that is superior to the other.

Understand the impact of ENT conditions on the patients and the healthcare system

One of the most common disabilities globally is hearing impairment, with around 466 million people living with hearing loss in 2018 (6.1% of the world population at the time). Understandably there are many struggles in social and daily life that comes with the burden of hearing loss. It acts as a further barrier to communication and as such, there can be a social separation between a hearing person a deaf person. This can make social interaction quite difficult for deaf people and can affect anyone of all ages. In the paediatric population as well, we understand that hearing is imperative to speech and language development, hence it is common for a child who is congenitally deaf to be mistaken as having severe learning diabilities. Even though we live in quite a modern age at the moment, there still remains the fear of stigmatisation, social isolation, and loneliness that comes with having a disability. As such, it is not uncommon for deaf patients to be affected mentally, with an increase in occurrence of mood problems like depression. However, this is not to say that those affected by a disability are unable to function as anyone else would in society. Hearing aids have been advancing technologically throughout the years, and although not all patients may benefit from hearing aids, the impact of having slight hearing improvement is significant. Additionally, occupations such as medicine are not restricted by such disabilities as well, with specific stethoscopes being made for such conditions.

With regards to hearing aids, some patients, after being fitted with their hearing aids, choose not to wear them. Of course, this is not without their reasons, and some obstructions to compliance include poor benefit from the hearing aids, background noise, uncomfortable fit, background noise, poor sound quality, personal factors etc. This can cause a fair amount of burden on the patients and the healthcare system. It would especially affect the NHS in the UK because of the way resources are distributed in the first place. If the hearing aids prescribed to a patient are not used, there would be an opportunity cost involved where someone else could have benefited from it. This is not to say that we should not strive for fair healthcare for all patients, but that we should strive to have a holistic approach from the beginning to ensure patient understanding and to encourage patient compliance with a treatment suitable for them.

In terms of the impact COVID on ENT health provision, during the past 2 years this has also been affected greatly, just as all other specialities were affected. This was especially so during the height of the pandemic, however services are starting to resume as per usual now. Because we understand that COVID is transmitted via aerosol droplets, a lot of ENT related procedures were deemed high risk as they were aerosol generating procedures, such as patient sneezing from nasal endoscopy and larngoscopy, and tracheostomies. As such, most elective procedures were postponed due to the pandemic. Additionally, there are also side effects from the pandemic affecting patients that are unaccounted for, due to loss of patients to follow up and more. Hence there is a fair amount of hidden burden upon the patients as well.

Improve upon the use of multiple languages in a consultation, especially Malay and Mandarin.

Throughout my time in Hospital University Malaya, I have sat in quite a few different consultations and clinics. As the country itself has a strong multicultural background, it was important to learn and adapt to the different work culture here. The interactions between the multidisciplinary team, as well as between patients always differed, because we speak in ‘rojak’ way - a mixed vegetable and fruit dish we use as an adjective to describe our conversations being in multiple languages. My time here has been a good opportunity to refresh my practice on speaking in Malay, Mandarin and Cantonese, after not having taken

histories or talked to patients in multiple different languages for a long time. Because medical terms could be classified as a different language in itself, I had to make sure to familiarize myself with medical terms in different languages as well, because I was not used to using these languages in a medical sense. This experience definitely helped me to structure and prepare myself for what I had to aim for in the future, if I decide to return to my home country to continue my medical training. As communication skills were heavily emphasized throughout medical school, it was even more impressive to see these skills being put to use in Malaysia where you had to be ready to do so in multiple languages. This was a very valuable experience for me because I feel that you cannot be a good doctor if your patients do not understand what you tell them. It has definitely inspired me to continue practicing my communication skills in multiple languages while I am here, so that in the future the healthcare I provide will be fair to everyone.