

ELECTIVE (SSC5a) REPORT (1200 words)

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

My first objective is to describe the common presentations in Malaysian medical department and compare it with the presentations in the UK hospital. During my attachment in the medical department, I saw a proportionately high number of cases involving cellulitis and other infections such as pneumonia. This is a common presentation of diabetes complication in the medical wards. Prevalence of diabetes is very high in Malaysia at 18.3% (data obtained from The 2019 National Health and Morbidity Survey NHMS) and continues to rise with around half of people with diabetes remains undiagnosed. This emphasizes the importance of diabetes screening in high-risk individuals, especially since there is an opportunity to reverse impaired glucose tolerance. In addition, diagnosing diabetes allows patients to have the appropriate consultations and regular checkups with monitoring of their plasma glucose level. This gives the patients the opportunity to achieve good control of their plasma glucose level therefore reducing the risk of developing complications.

While I was in the emergency medicine department, I commonly saw presentations of acute febrile illnesses. In Malaysia, I learned that dengue fever is a top differential. Dengue fever is endemic in Malaysia and poses a serious threat to the public health. The hot and humid Malaysian weather favours the growth of mosquitoes which acts as a vector to this infection. It is eye opening to see how local weather plays a role in determining the kinds of disease that would be prevalent in the country. Adding to this point, I was also exposed to the importance of recognising and investigating for leptospirosis in patients with a plausible exposure history. This is because early treatment of leptospirosis with antibiotics is essential to ensure a favourable prognosis in patients. And from the public health point of view, it is very interesting to learn how Malaysian government implemented leptospirosis as a notifiable disease to estimate the actual disease burden on the country. Through this placement, I have had the opportunity to learn about these diseases, dengue and leptospirosis more in depth which I have not previously.

Next, I would like to address my second objective; to describe how medicine is delivered in Malaysia and how it differs from the UK. Like the UK, Malaysian population is highly dependent on free healthcare services provided by the government. In Malaysia, healthcare system is primarily divided into the public and private sectors. Public healthcare services are provided by the government; Ministry of Health and its organisational structure consists of three levels which are Federal, State and District. They differ in terms of size of the hospitals, range of services provided and the availability of resources and manpower. In Malaysia, there are still ongoing issues in health equity and accessibility to health services especially by the rural population and population with absolute poverty. To improve accessibility to care, rural health units and mobile clinic services play an important role. This is further supported by other types of outreach services such as mobile health teams, flying doctors, riverine services, dental clinics and travelling dispensaries. To summarise, Malaysian healthcare system is similar to the UK, and both promote collaboration between the public and private sectors to create better and more effective health services.

My third objective for this placement is to recognise the social determinants of health in Malaysia. Education plays an indispensable role in shaping healthy behaviors and empowering individuals to make well-informed decisions pertaining to their overall well-being. It has been observed that there exists a significant correlation between the level of education one attains and their degree of health awareness, as well as the accessibility they have to superior healthcare services. Aside from that, income also has an important role in determining health outcomes. This is because higher income individuals can afford healthier food options, safe housing, and health insurance coverage which helps to reduce financial

barriers to accessing better healthcare. Higher income individuals are also more likely to have job security which is associated with better mental health outcomes. Next, environmental factors also serve as important drivers of health. For instance, cleaner air quality has a profound effect on respiratory health outcomes, while access to cleaner water significantly reduces the risk of contracting waterborne diseases. Lastly, culture impacts health outcomes in the local society. It influences health beliefs and their attitudes towards healthcare, social support networks, and dietary habits. In Malaysia, it is worth noting that the utilization of traditional medicines and herbs for health remedies is quite common, especially among the elderly population. By comprehensively understanding and addressing these multifaceted social determinants of health, it will help to foster a healthier and more equitable society in Malaysia.

My final objective for this placement is to help prepare myself to work in Malaysian healthcare sector in the near future. Through this placement, I am able to learn about the clinical resources and guidelines that medical professionals use in the local hospitals. For example, I learned to use Clinical Practice Guidelines (CPG) while I was learning about dengue infection and revising on the diagnosis and management of type 2 diabetes mellitus. Since the British National Formulary BNF is not accessible in Malaysia, I also learn to use the local hospital drug formulary or Monthly Index of Medical Specialties (MIMS) for reference when looking for further information on medical drugs. While I was attending medical ward rounds, I was able to observe the medical team dynamics and were exposed to the abbreviations commonly used in Malaysian hospital. An interesting example would be the word “pcm” for paracetamol. As mentioned earlier in my report, I learned about the common presentations in the local hospital and understood that diabetes is prevalent in the country and dengue infection is endemic. I find that being aware of the common diseases and presentations in the local hospital helps me to do more focused revision and to better prepare for the future when I do my housemanship training under Malaysian hospital. During my attachment in the clinics and wards, I was able to appreciate the benefits of being multilingual when taking medical history from patients. Malaysia is made up of a diverse and multicultural society with many languages and dialects spoken throughout the country. Being able to speak a patient’s language reduces communication barriers and helps to improve the accuracy of medical history taking. In addition, allowing patients to speak in their preferred language helps them to feel more empowered in the management of their care. This also helps to establish trust and build rapport between the doctor and the patient. Hence, this motivates me to improve my spoken Mandarin and Malay language and to be familiar with the local slang at the very least.