

## ELECTIVE (SSC5c) REPORT (1200 words)

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

I spent my elective placement at the Insitut Pediatrik, Hospital Kuala Lumpur, where I was hoping to learn more about a specialty that I have been giving consideration for the last few years. I had decided upon Malaysia for my elective placement, along with some of my friends, as I wanted to experience medicine in a country which differs to the UK politically, culturally as well as with regards to climate.

Upon arriving on the ward, there were some differences which were immediately noticeable; in Malaysia, it is customary for doctors to wear white coats, and there were many more doctors on the firm than I am accustomed to from firms at medical school. The doctor leading the ward round is usually the Specialist, which is one grade below Consultant, and is often accompanied by 10 or more doctors at varying points in their career, with a particularly large number of house officers on the firm.

Another key difference I noted when on the ward was that next to each child's cot, there is a bed for the child's mother, and mothers stay on the ward with their children. The sister in charge of the ward explained during my introduction to the ward that patients are not turned away if possible from the ward even if the cots are all full, if necessary the ward staff convert a parent cot into a bed for a patient, when needed. This felt in stark contrast to the UK, where family members cannot routinely stay on the ward, particularly for infection risk.

Demographically, the three main ethnic groups in Malaysia are the Malay, the Chinese and the Indian, with Malay and English the official languages spoken, while there are also large numbers of Tamil, Hindi and Cantonese speakers. The majority of patients were not able to communicate in English, and ward rounds were largely conducted in Malay; for this reason I was unable to clerk patients myself, but was given an overview by doctors on the firm of patients that would be interesting to examine. I found reading the notes for each patient, which were in English, a very useful exercise as it enabled me to gain some understanding of the various clinical presentations around me, and also to note the differences and similarities in clerkings in Malaysia relative to our own clerkings in the UK.

Some interesting differences in history-taking in Malaysia which I noticed include asking questions about which social class the patient belongs to and which neighbourhood they live in, which I feel is asked because certain conditions are more prevalent in lower social classes due to cramped housing, and this is not something that I have ever seen asked in the UK. Other aspects of history taking which I found interesting were questions regarding time spent in water, such as pools or ponds, and whether the patients neighbourhood had recently been fogged (local mosquito control).

Other than the above, the way in which patients are clerked and written up was very similar to how we have been taught while at medical school, with similar nomenclature and symbols.

How does the health of Malaysian children differ to that of children in the UK?

During my time on the paediatrics ward at Hospital Kuala Lumpur, I saw patients with a variety of presentations, with both differences and similarities to the UK. One of the most prevalent conditions highlighted to me by the Specialist was bronchiolitis, which is particularly common in Malaysia, as well as asthma.

Due to the tropical climate in Malaysia, infectious diseases are a common cause of presentation, and I was able to see patients with infections such as Dengue fever which occurs exclusively in tropical and subtropical regions. Dengue fever is caused by a virus transmitted from mosquitoes, and presentations vary from asymptomatic/mild to a severe haemorrhagic fever, with 90% infections occurring in children aged less than 15 years.

I also saw children with a range of other infectious presentations, such as pneumonia, TB, and meningococcal disease.

How does the Malaysian healthcare system differ at the point of delivery from the NHS?

My elective placement was at Hospital Kuala Lumpur, which is a government-owned hospital and the largest under the Malaysian Ministry of Health with 83 wards and 2300 beds. HKL accepts referrals as well as patients who present to the hospital.

There is a two tier healthcare system in Malaysia, governed by the Ministry of Health, consisting of a tax-funded government-run universal healthcare system and the private sector; private hospitals outnumber government-run institutions and doctors are required to spend 3 years working in the public sector in order to maintain the service.

Much like elsewhere in the world and particularly in the UK, the public healthcare system in Malaysia is funded through general revenue and taxation while the private sector is funded through payments directly from patients and health insurance. The growth of the public sector is slowing while private institutions are seeing rapid growth, with a shortage of doctors overall.

Child Health in Malaysia, including immunisation schedule and childhood obesity

There is a National Immunisation Programme in Malaysia which aims to protect against multiple infectious diseases with free vaccinations.

The immunisation schedule is similar to that in the UK, with Japanese Encephalitis given in at-risk areas such as Sarawak, and the omission of Meningococcal C.

Childhood obesity is an established problem in the Western world, with high rates of obesity in infants and adolescents in developed nations; the problem now extends to developing nations where fast foods and sedentary lifestyles have become more popular in recent decades. Studies show obesity in 13-17 year olds has increased from 1% to 6% from 1990 to 1997 in Malaysia, with differences seen between the Malays, Indians and Chinese, as well as higher rates in boys. More recent studies have found that 1 in 5 Malaysian children of school age is overweight or obese.

I found my time spent on elective in Kuala Lumpur very useful in many different aspects; observing the doctors on the firm communicating with patients and their families in Malay meant that I was

able to focus more on the non-verbal aspects of communication, which I find myself neglecting while on firms in the UK, such as body language, facial expression and tone of voice. I found it surprising just how much can be conveyed through non-verbal communication, and that tone of voice and body language can transcend language when providing support or reassuring anxious parents.

Additionally, it was very interesting and a great opportunity to be able to meet patients with conditions not seen in the UK such as Dengue fever and learn more about the presentation and clinical course of these patients.