

ELECTIVE (SSC5c) REPORT (1200 words)

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

Before I travelled and I was asked to think about disease patterns I thought I was likely to see, I really didn't know what to expect. I guessed that given the tropical nature of Borneo that there would be a host of infectious diseases seen here that I wouldn't see at home but apart from malaria I wasn't overly sure what any other ones might be. Having done a lot of general medicine and general surgery this year I am used to things such as cancer, COPD, diabetes, acute abdomen and atopic diseases but I didn't know whether I would see any of these things while I was away. When I arrived I was quite surprised to see that there was a lot of diabetes and bowel cancer. I thought that these would be things almost exclusive to a more Westernised way of living. Although I trained in Whitechapel which may lovingly be referred to as the home of tuberculosis in the UK, I was shocked at how much tuberculosis is in Borneo. It wasn't something I really expected and it was amazing to see the amount of extra-pulmonary manifestations as well as pulmonary manifestations that can be found here. I was really surprised also that diabetes has a high prevalence here. I assumed that Malay food was really healthy but the doctors explained that due to the fusion of cuisines of the different cultures found here, people tended to eat vast amounts of fried food and sugar. I also didn't expect there to be such busy and demanding colonoscopy clinics in Borneo as I was told on the first day by a doctor that inflammatory bowel disease is very rare. I thought it was quite shocking that bowel cancers were quite prevalent here as again I linked bowel cancer with poor Western diet. Perhaps the most striking differences in the diseases found here are the infectious diseases such as malaria, leptospirosis and dengue fever and the haematological diseases such as the thalassaemias. Although I expected malaria, I definitely underestimated how much of it there was and learned a great deal about it. This is the same for dengue fever. These are standard histories and presentations in Borneo which require immediate attention and this was good practice to see as they are not things I will ever experience in the UK. This is the same for the thalassaemias as it is very rare to have a whole ward full of thalassaemia patients in the UK. I really enjoyed seeing a disease come to life that I had only previously read about in books.

Healthcare in Borneo is provided in a system very similar to the UK. It is a healthcare system that is heavily subsidised by the Government meaning that patients pay nominal fees and have equal access to care. In terms of seeing a doctor and collecting a prescription there is only a small fee to pay and nowhere near amounts to the actual cost paid out by the Government. The structure of healthcare is very similar also. There are 'polyclinics' which are similar to GP surgeries in the UK and these offer a wide range of services including some investigations that would warrant a referral to hospital in the UK. Medicines may be bought directly from the doctors in these clinics although there are mixed opinions as to whether or not that is a wise idea. Hospitals again work in a similar framework whereby you can arrive, either on foot or by ambulance, you are triaged and if necessary you are admitted to the relevant ward where you will be treated by a consultant and his team. Follow up is in clinics hosted by the consultant while the house officers do the ward jobs and referrals directly to clinics may also be made. I

was actually very impressed with the healthcare system in Borneo and was surprised to see how advanced some of the medicine here is. The system used here is modelled on the UK but the doctors here report that it is turning more and more into a US based system.

The three big tropical diseases in Borneo are arguably malaria, dengue fever and tuberculosis. I didn't think these diseases would be as common as they are so I expected hospitals to have some means of detection but nowhere near as advanced as they actually are. No specific equipment is installed into the hospitals to aid in the diagnosis and treatment of these diseases however the staff, doctors and nurses included, are trained to an incredibly high level and can really work some impressive equipment and skills. For example, bronchoscopies are carried out on the wards by house officers and almost all doctors can identify malaria and its subtype through a blood film under a microscope. I think the biggest advantage the staff have is the awareness of these conditions and the ability to spot them and treat them correctly really quickly. The level of detail learned by medical students in these subjects is to the same level for which we learn atopic disease and inflammatory bowel disease showing just how common these diseases are in comparison to the UK. I was actually really grateful for the opportunity to see these diseases in real life rather than just reading about them in text books.

Perhaps one of the most worrying things for myself before coming out to Borneo was the climate and whether or not I would adapt. In the first few days I found it really hard adjusting to the heat. Working in the new hospital building is much easier than the old one as it has air conditioning rather than fans but can still get quite warm. Adjusting to the different style of medicine was actually not too difficult. The structure on the wards is very similar in terms of how notes are recorded, drugs are prescribed and the like and morning ward rounds followed by house officers doing jobs is exactly the same. The nicest change was the different diseases covered. We learned about a lot of rare disease while we were training in the UK but owing to their rarity we never actually saw them. In Borneo, however, we managed to see the majority of these diseases in real life! This was a really great experience and one I will be able to take back home and put into practice should I ever stumble across one of these patients in the UK.