

ELECTIVE (SSC5c) REPORT (1200 words)

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

My elective was carried out in Subang Jaya medical hospital, which is a private hospital based in Kuala Lumpur, Malaysia. The population of Kuala Lumpur is estimated to be near 1.5million people. Even though it is a private hospital, there is a good relationship with government based hospitals. This was especially prominent at times when certain hospitals did not have the facilities to provide the essential treatment for their patients. However, I was surprised that patients who did not have insurance or money for certain treatments, procedures, investigations were not provided any treatment. It made me realise how fortunate we are in the UK to have a service like the NHS, and sometimes we take our own health and our healthcare for granted.

I spent time with the Paediatric consultant who has a special interest in Respiratory Paediatrics. I also had some exposure to the Emergency Department.

As I was working in a Private hospital, the patients that I had encountered generally are from more affluent areas. However, the common respiratory conditions that i saw did not vary compared to the UK. I covered a few general clinics, where children presented with viral illnesses to congenital heart disease. With regards to respiratory conditions, it was evident that there was a high prevalence of Asthma. However, what was unexpected was that the prevalence of respiratory problems did not vary throughout the year. This is dissimilar to the UK, where it is common to see Bronchiolitis reach its peak during the Winter months, and incidence of Asthma and atopy related conditions increase during Spring/Summer period.

There were some similarities with regards to certain presentations and how they were managed, however once again treatment was heavily influenced by money and insurance. It was evident that the doctors used their clinical judgement to determine what was essential for certain patients. I remember one patient who presented in A&E, with 5cm mass in his left anterior neck. It was evident that this needed to be resected, however he could not afford any form of surgery or chemotherapy. In the end he was offered a 'chemical drink' to have everyday. I believe that certain socio-economic groups in Malaysia who do not have access to certain treatment would have an impact on their morbidity and mortality rates. It was surprising to see the number of patients that were denied treatment or offered cheaper treatment for lifelong chronic conditions due to financial constraints. In the UK, this is never the problem, and treatment is provided based on Evidence Based Medicine, which is trying to provide the best care as possible for the patient.

Compared to the UK, I did not see any active measures taken to prevent any respiratory disorders. There were significant pollution levels around Kuala Lumpur. Even though London is heavily populated and there is a lot of pollution, there are actions that have been implemented to try and achieve a greener London. These include 'Boris Bikes', no smoking policy in private areas, encouraging people to take public transport and CO2 emission tax on vehicles. It was evident that some members had a greater awareness for the pollution and prevention of spreading infection as they wore face masks. It was unfortunate to see the number of parents in Malaysia who were smoking around / near the children. I am not sure if this was due to, lack of education or if it was pure ignorance. In Malaysia, there is a high prevalence of Dengue and there are huge health promotions towards combating Dengue. It is currently one of the endemic health problems in Malaysia, and within Kuala Lumpur,

Subang was noted to have higher rates. Due to the tropical climate, there was an increasing number of cases during the months of March and April. Dengue is spread through infected mosquitoes and it is managed by prescribing paracetamol and NSAIDs for fever/pain and fluid support. There are huge campaigns advertising and advising how to prevent or avoid Dengue. This is not comparable to the UK as infectious diseases such as Dengue are non-existent.

As I worked in a private hospital in Kuala Lumpur, and only experienced working in government-based healthcare in the UK, I do not think I can fully and fairly compare and contrast the two healthcare systems. I was taken aback by the doctors in the 'White Coats' system. It appeared as they were authoritative figures whereas in the UK, doctors are meant to appear presentable but there is no attitude / influence of a hierarchical system. I think this attitude towards doctors has a direct impact on patients' attitudes to doctors. The doctor-patient relationship in South East Asia is considerably different to attitudes shown in the UK. From what I saw, patients had a lot more respect, I would even say some were in awe of doctors and their words were held in extremely high regard. Whereas in the UK, people are more critical of doctors, and as a result, having an overall effect on the management.

There was a lot more empathy shown between doctors and patients in the Eastern part of the world where they address some of the patients, mainly the elderly population, as 'Uncle' or 'Aunty'. I felt this brought an idea that this person is like family and it was warming to see. Whereas in the UK we have always been taught to address the person by their name whenever we introduce ourselves. There is always an emphasis of professionalism and understanding the boundaries in the UK.

Overall, I felt the management to certain conditions was more or less the same, with little variance. However, the attitude and interaction between patient and doctor was different. There was a lot more respect and understanding towards doctors. Even though not every consultation was harmonious and there were some quarrels between doctors and patients, doctors were held in the highest esteem, and family members and friends seemed to put all their trust in them. In comparison, in the UK, there is a substantial professional boundary that is maintained and doctors are put under more scrutiny. However, my experience abroad has made me realise how fortunate we are as a nation to have the NHS because not being able to treat people due to financial-related issues defies one's duty as a doctor, which is to provide the best available care for any given patient.