

ELECTIVE (SSC5c) REPORT (1200 words)

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

Medical Elective Report: KL General Hospital, Kuala Lumpur Malaysia

How do the medical conditions and surgical conditions differ in Kuala Lumpur compared with the United Kingdom?

I found that a lot of the medical conditions were very similar to the UK. Elderly population suffering frequently from CHD and Diabetes. Because of a lack of health promotion there was a lot of sexually transmitted diseases prevalent in the population, we came across interesting cases of secondary and tertiary syphilis and many HIV complications. There were also a lot more tropical illnesses like dengue fever, TB and malaria compared to the UK. As Malaysia is situated closer to the equator I had expected a lot more tropical diseases, however dengue was the most common. Dengue is transmitted via mosquitoes and results in a hemorrhagic fever with flu-like symptoms of fever, chills, muscle aches and pains. The danger with dengue fever is that there are many types so if you have suffered from and recovered from one type another type can potentially be fatal. There were also illnesses such as hepatitis A and typhoid present whereas in the UK many would be vaccinated against such illnesses. Overall however the conditions I saw in surgery were very similar to UK: gall bladder removals, appendicectomy, bowel surgery, breast surgery. I noticed that a lot of patients that were being treated had had their illness or condition at a much later stage before they had gotten medical or surgical help. Another interesting thing I noticed was the way delirium was managed in the Malaysian hospitals, patients were sedated immediately and strapped to the bed which would never happen in the UK. This is a very old way of controlling these types of problems and now many believe to be cruel to the patient. However in Malaysia this was very normal practice.

How is healthcare including surgery distributed and delivered in Kuala Lumpur compared to the rest of South East Asia and the United Kingdom?

Healthcare in Malaysia is divided into two sectors: private and government. From my research and what I was told by the doctors the private hospitals are very well funded and looked after very well with excellent facilities and conditions and are distributed by private healthcare companies to obviously those that can afford it. However the government hospital such as the one we were working in had very poor conditions. The wards were crowded and dirty. There were limited supplies, the patients and doctors alike had to withstand the hot and humid conditions of Malaysia with no air conditioning or fans available. There was also a high influx of patients being admitted to the only 12 medical wards. The health care still needs to be paid for the government hospital but I was told that it is a very small price if anything and it is affordable to all. I was also told about a class system when it came to admission onto the wards depending on what could be afforded by the patient. This is very

How does the general medical health including infections risk in Malaysia differ from that of the UK? Describe any public health measures or campaigns used to help reduce this?

General medical health problems are very similar to that in the UK. Chronic disease burden is great in Malaysia just like it is in the UK, with problems such as heart disease, diabetes, COPD, infections being a major cause of problems. The infection risk in Malaysia I thought was much higher in the hospitals because of a lack of strict protocols as found in UK. There was less washing of hands and sanitising and although there were attempts to make everyone aware it was still limited. Health promotion was again limited compared to UK and therefore the problems with chronic disease and risk factors were large. There was limited advice given to patients about such things and the mentality was more of a cure and treat than prevention which is different to UK. Occasionally I saw posters reminding staff of the importance of handwashing and alcohol gels but this was far less than those displayed in UK hospitals.

Discuss any skills and knowledge acquired about the management of different surgical conditions and complications and how this can help in professional development especially during the foundation years?

Throughout my placement I was able to see a lot of medical and surgical conditions that were very interesting as most patients waited late till they sought medical help. This enabled me to see a lot of the things that we as medical students often just read in textbooks, such as late stage syphilis, CMV in the eye, toxoplasmosis in the brain, and many interesting surgical complications. I was unable to do as much hands-on things as most of the doctors preferred to do it themselves as it saved time. But I got questioned a lot on what I was witnessing and got a significant amount of teaching. I noticed that we had a lot more knowledge in general than a lot of the FY1s and this impressed a lot of the doctors. The FY1s in my opinion received a lot more attention and help compared to those in the UK and therefore a lot less responsibility.