Elective SSC
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In Apil 2015 as a final year medical student I was very fortunate to be accepted by Queen Elizabeth 1 hospital in Kota Kinabalu.

After an induction morning it seemed clear that there were many similarities between the British and Malaysian healthcare systems. Despite the different terminology for the healthcare professionals, the roles are very similar and it was not difficult to adjust to the specialities of the multidisciplinary team.

Emergency departments will always have similar pathologies no matter where you are in the world, and as in the UK, the more typical ailments often arise. During my Accident and Emergency placement in the UK, there were many cases of acute coronary syndrome, exacerbations of respiratory disease such as asthma and COPD, and road traffic accidents. There were very similar pathologies in the emergency department in Kota Kinabalu. I did notice however that a larger proportion of the population smoked however, and unlike in the UK, there was a whole ward in the emergency department that was dedicated to acute asthma attacks. Also, as a hospital that caters for trauma from the surrounding rural areas, I did notice a larger incidence of road traffic accidents. In every country there will always be a number of road traffic accidents; however, I found the differences were velocity, as in central London road users generally cannot pick up speed to be fatal, as well as the mode of transport. I noticed that a large proportion of the RTAs were due to motorbike crashes, which when combined with a lack of proper infrastructure

One thing that is not found in the UK is Dengue fever. As a tropical mosquito spread disease, it is not often taught in British medical schools. However this is one new pathology which I've learnt a lot about due to the increased prevalence of this particular ailment in the tropics. This, in addition to Malaria, have characteristic signs and symptoms which must always be considered when dealing with patients with general malaise.

As commented on previously, the healthcare systems of the UK and Malaysia are very similar. One striking difference is the fact that in Malaysia doctors are required to wear white shirts and ties, whereas in the UK this is forbidden due to the increased risk of infection.

One field of medicine that has always appealed to me is neurology. After witnessing several stokes in the emergency department, there were vast differences in the care pathways. After diagnosing between ischaemic and haemorrhagic, the next step is traditionally a CT scan, which is also performed in Malaysia. However, when trying to determine the exact location of the infarct in the UK MRI is often pursued by the neurology team, while in Kota Kinabalu I noticed there was none. There was actually no neurology team in KK, but rather a team had to come from Kuala Lumpur in mainland Malaysia once a week to review the neurology patients. This obviously would have some impact on the treatment of the patients with neurological conditions.

Furthermore, in the UK once a thrombolytic stroke has been diagnosed, the patients are generally fast tracked to thrombolysis. One poignant moment of my placement was when a patient came in with typical symptoms of stroke and a CT scan confirmed ischemia, in the UK this patient would be given clot busting drugs within minutes. However, after the diagnosis of ischaemic stroke there was nothing more that could be done in Queen Elizabeth 1 due to the lack of thrombolytic agents.

As in the UK, there is a medical system which provides basic healthcare to all of the population. As in any national health system, there will always be the option of private helth insurance. For general ailments, this option is not often used in the UK, especially by those whoe know the ins and outs of the healthcare system, however, even doctors in Malaysia all admitted that they would use private healthcare for themselves or loved ones. Saying this however, for a country with less finance than the UK, a country which offers even those with the lowest social standings practically free healthcare can only be commended.

My final objective of my medical elective was to develop my professional and communication skills. It was a huge advantage that the doctors communicated only in English, however many, especially from lower social classes could not speak any English. This improved my communication in difficult situations. On top of this, working in the emergency department, i had the opportunity to improve my practical procedures. As i stat working in august, i was always slightly wary that they might need improving, especially in stressful situations, and i was very happy to be given the support from the junior doctors to practice my techniques, and also be given the opportunity to learn some new procedures.

I had a very good experience of Borneo, not only as a healthcare system, but as a country, and I am very much looking forward to returning in the future.