

ELECTIVE (SSC5c) REPORT (1200 words)

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

Elective Report: Obstetrics & Gynaecology

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Introduction

My elective placement took place at Univeristy of Malaya Medical Centre (UMMC) also known as PPUM located in Kuala Lumpur. I chose this hospital as a result of previous recommendation from a friend. I also found UMMC to be very professional during the application process and as such I ancitipated that my elective posting there would be well structured.

UMMC is the largest teaching hospital and oldest faculty of medicine in Malaysia, founded in 1905. It is a private hospital which offers medical services at affordable rates, however govenment workers have their fees paid for and non-Malay citizens are required to pay double the amount required of Malay citizens.

Describe the pattern of obsteric and gynaecological presentations in Malaysia and contrast this with the UK?

Malaysia comprises of three main ethnic groups; Indians, Chinese and Malay, all of which come together to form a fusion of cultures and ideologies. Common gynaecological problems presenting here are not too far from those back home in the UK. Fibroid, endometreosis and ovarian cysts are prime expamples of what I have encountered during my time here. Perhaps the most striking difference is the attitudes of the people towards their medical problems, their views on when and how to seek help and their relationships with healthcare professionals. It is known amongst the healthcare team that the three main ethnic groups in malaysia percieve and react to medical information differently, thus knowlegde of such goes a long way to improve healthcare delivery.

One particular interesting gynaecological case that I obseverd was that of a 54yr old Malay woman who presented with a large benign tumor of her right labia, approximately the size of a gala melon. From her history it appears that this had been a slow growing tumour that had been present for at least 12 months. I wondered how this lady had manage to live a relatively normal life and go about her daily activities with such an enormous growth inbetween her legs, and moreso why she had waited so long before seeking medical help. Was it the fear of being stigmatised by her community? the fear of its implications healthwise or the fear of not being able to pay her medical bill should she require futher investigation and surgery? Perhaps her reasons were an amalgamation of all those factors. This case reminded me of patients often in developing countries who wait and often present very late with complications that are difficult to manage medically, although I expected to see more late presentations like this in Malaysia, fortunately this was not the case.

Describe the pattern of health delivery in Malaysia and contrast this with the UK

Malaysia has a two tier health system consisting of government run hospitals and private hospitals (payment structure as previously described). In many ways healthcare provision in Malaysia is very similar if not identical to the UK. I was surprised to find that they followed RCOG guidelines and

provided the same standard of care as the UK. The training of doctors in Malaysia seemed more rigorous than that of the UK; for example, in Malaysia final year medical students are required to assist and deliver a minimum of five babies whereas in the UK we are only required to observe. All house officers in Malaysia are required to spend six months on an O&G rotation, thus meaning that all their medical officers (equivalent to our SHOs) have the ability to manage child birth from start to finish competently. I had the opportunity to observe several deliveries entirely managed by house officers without the need for any senior supervision or assistance. The house officers were entirely responsible for all the decision making from the onset of labour right through to the suturing of the episiotomies and cleaning up of equipments. It was great to see how supportive all the house officers were of each other as well as how eager they were to learn from each other.

I was shocked at first by the number of people present in labour room during deliveries, at one point I counted up to eighteen people around the bedside, none of which were family members of the labouring woman. In fact, I learnt that family members are not allowed to be present during child birth and are only invited to the hospital once the baby is born. This is drastically different to that of the UK where pregnancy and labour is predominantly led by midwives unless complications are expected. Also in the UK as part of the birth plan, women are given the option of water birth in a birthing centre as well as the choice of having a birthing partner during labour. Despite there being so many health professionals (mainly house officers, 1-2 senior nurses and many nursing students) by the bedside during active labour it was really lovely to see and hear how encouraging and supportive everyone in the room were, with multiple people cheering on and shouting "lagi, lagi, lagi" (more, more, more) as the baby's head crowned. As well as the joy and happiness shared by everyone present once the baby had been safely delivered.

Describe positive and negative cultural challenges experienced and how this was dealt with.

My time in Malaysia was nothing short of incredible, enjoyable and definitely a worthwhile experience. I found the people to be extremely warm, welcoming and receptive, the staff at the hospital were friendly and very accommodating. Fortunately for me, majority of people in Malaysia are able to speak and understand English, this meant that I was able to take histories from patients and follow consultant led ward rounds with ease. My supervisor ensured that my time at the hospital was educational and pleasant in every way by engaging me in various activities and explaining things adequately especially when consultations were carried out in Malay.

I feel very inspired by some of the individuals that I have encountered during my time at UMMC, especially the female health professionals who seem to be able to have the right balance between family and work life. I came to Malaysia expecting to find a semi-developed country with a healthcare system with many deficits – I couldn't have been more wrong.