

ELECTIVE (SSC5c) REPORT (1200 words)

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

Objective 1

The main pattern of illness and disease in Malaysia is similar to that of the UK. In an A & E setting most patients present with serious presentations present with strokes, MI's, COPD and asthma similarly to the UK. Sepsis is also a common presentation. I would say the main difference from the UK is that there seems to be more RTA's in Malaysia and tropical diseases such as dengue fever are more common. Surprisingly, although malaria is present in this area of Malaysia, the doctors said it is very rare to treat malaria and that the risk of dengue fever is much higher. The number of RTA's was what struck me most however. There were 2 hospitals in Kota Kinabalu which had A&E departments and I was working in the one that was for medical problem, not trauma. Yet there was still a large number of RTA's each day.

In the context of global health, the presentation of disease in and around Kota Kinabalu is actually an encouraging sign. Of course the number of RTA's needs to be addressed by the government, but the fact that most of the patients were falling ill with systemic conditions that tend to cause illness in western countries, shows that there has been a great deal of success at tackling infectious diseases which often cause greater problems in developing countries. For example, HIV, TB as well as other conditions which are vaccinated against in the west seemed top present quite rarely.

Objective 2

The hospital I worked in in Kota Kinabalu was not too dissimilar to those in the UK. They had access to all the same facilities such as MRI and CT scanners and a large range of blood tests and special tests. There were far fewer computers so blood results were often printed on paper and X-ray's printed on films to be held against the light. One thing that struck me as odd however was that the hospital had thrombolysis available and used it frequently for treating MI's when PCI was not available, but they did not use it for the treatment of stroke. Their explanation for this, when I asked them, was that there was no neurologist in the hospital so it would be too dangerous to use. When they needed neurological advise or opinions, they called Kuala Lumpur for advice and a neurologist visited from there on a regular basis and saw all the patients who needed to be seen. It seemed very strange to me that out of all the specialities that they were short staffed on, a neurologist was the one, being such an important speciality.

Objective 3

For the patients with no private medical insurance medical services are free up to a point. Every time a patient visits the hospital a charge of one ringgit was made. Services were then free unless the patient stayed overnight or if the patient needed more than basic medical provisions. Small fees would be made for these services. If a patient had private medical insurance they would go to separate hospitals and get separate doctors treating them. I spent no time in these hospitals so I am not sure of the exact structure of care. On the whole though the standard of care is good for those who can't afford medical insurance.

Objective 4

The main improvements I made were in some of my practical procedures. I improved my blood taking and my ability to insert cannulas. I also performed a few ABG's. I did not improve my medical knowledge that much but I did learn more about some tropical diseases, especially dengue fever. I looked at many CT and X-ray images and for the first time felt confident in diagnosing strokes from CT scans.

Unfortunately I did not get many opportunities to examine and take histories due to the language barrier that occurred with many of the patients.