

## **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**

#### **Sarawak General Hospital – Kuching**

#### **Sarawak, East Malaysia**

I carried out my medical elective at Sarawak General Hospital in Borneo, East Malaysia. It is the largest hospital located in Sarawak - one of the two states that Borneo comprises of and is also the only government oncology centre in East Malaysia. During our attachment at the hospital we were able to compare the general health care system including a variety of presenting cases as well as the management of inpatients and out-patients, to that of England's NHS. We were also fortunate enough to have the opportunity to explore the local culture and visit well known tourist sites to gain a better insight into Kuching.

It was interesting to witness a variety of cases during our time on the wards and in out-patient clinics across a wide age range. It appeared that the majority of these cases were very similar to those cases in England, including diabetes, cardiovascular disease and common respiratory complications. The increase in the latter problem correlates closely with the rise in use of tobacco smoke in Malaysia, particularly amongst the male population. However it was interesting to note that the majority of patients presented in advanced stages of their diseases. Across the paediatric in-patient wards there were numerous cases of neonatal jaundice, followed closely by a large number of bronchiolitis patients.

Unlike the National Health Service in England, Malaysia's government lead healthcare system is only available to Malaysian citizens and requires patients to pay for the services they receive. In terms of primary care, a vast range of polyclinics are available across many parts of the country with exception to the remote villages. On average, an appointment at the primary care clinic would cost approximately 1MYR which includes initial clerking, investigations as well as prescriptions. Similarly there are costs for secondary care, which depend on the length of stay and treatment required. Typically the cost per night for medical or surgical in-patients ranges from 3MYR to 5MYR. Additional payments are then made on top of this for other tests and necessary management plans required to treat the patient.

The private sector in Borneo offers healthcare not only for local citizens but also foreigners and non-Malaysian patients. It is similar to England in that the private system requires higher fees to be paid but in return provides a faster and more advanced set of investigations and management plans. Whilst shadowing a consultant at Borneo Medical Centre, I noticed that patients often presented at

earlier stages of their illness. As expected the wards were also more modern and better maintained than the public hospitals, with more advanced facilities.

During our time spent in clinics, I was surprised by some of the differences that were noted in comparison to clinics in England. For example although this is was one of the biggest hospitals in Sarawak, the waiting rooms were generally rather crowded throughout the entire day with patients keenly waiting to be seen. Furthermore it was particularly striking to see that parallel clinics were being run with two patients being seen by two separate doctors but in the same room at the same time. This stood out to me mainly due to patient confidentiality; a term that plays such a significant part in England's healthcare services was hardly focussed on in Borneo.

Although a diverse range of patients attended the clinics, the language barrier made it rather challenging to follow the consultation and to comprehend the details of the presenting problem. However we were fortunate enough to have most of the consultations explained to us post clinics by the doctors we were shadowing. It was interesting to note that due to a lack of investigation facilities in the public hospital, the majority of management plans were based on knowledge of doctors. It appeared that only complex or urgent cases would take priority with regards to scans and x-rays. As a result it was important for doctors to constantly keep up to date with newly published guidelines, and furthermore be well informed about all areas of general medicine.

Outside of our time at the hospital we were able to explore Kuching and gain a deeper insight into its culture. Kuching has been developed into a beautiful modern city with some socioeconomic differences across a few areas. We ventured the national parks, beaches, caves and mountains. Our visits to the Mosques, Gurdwaras and Buddhist temples were educational and we were lucky to have the chance to talk to religious leaders. The variety of religions and cultures added to the vibrant atmosphere in Kuching. I very much enjoyed visiting the Cultural Village which helped gain a better understanding into the history of Sarawak. Overall Kuching is a beautiful, lively and picturesque city with so much to discover, and I would definitely recommend visiting the area.

Having the opportunity to practise medicine in Malaysia has definitely been an invaluable experience. Overall the placement was incredibly enjoyable; at times it proved to be challenging yet thought-provoking and rewarding at the same time. I was fortunate to witness a huge range of cases in both primary and secondary care across a wide range of ages. During my time here I was really able to appreciate the hard-working ethic of doctors at Sarawak General; the incredible depth of their knowledge alongside their enthusiasm and approachable manner was admirable. I am grateful to have had this learning opportunity and moreover to be able to take so much away from it and put it into practise in the near future.