

ELECTIVE (SSC5b) REPORT (1200 words)

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

INTRODUCTION

For my elective this year, I and three of my friends decided to undertake an elective placement at Gleneagles Hospital, a private hospital in Kuala Lumpur, Malaysia, under the supervision of Dr Mohandas, who kindly took us under his wing for these weeks. We decided to undertake our placement here based on excellent recommendations from friends who had also done their placement here last year. The following report will address our completion of the learning objectives that we decided on before the commencement of the placement.

1. Describe the pattern of disease/illness that interests you in Malaysia and discuss this in the context of global health

Before this placement, I had never visited Malaysia before; I had only heard that it was a beautiful country and that many Barts students go there for their medical electives! During my placement, I have learned a lot about epidemiology in Malaysia.

As in Western societies, BMIs, blood pressures and blood sugars in Malaysia are on the rise, which explains to some extent that nowadays, mortality in Malaysia is mostly due to cardiac and respiratory disease. However, the incidence of communicable diseases is much lower in Malaysia than that of nearby countries, such as Indonesia and Thailand. Septicaemia, cancer and pneumonia also form a significant proportion of the burden of disease in Malaysia.

2 and 3. Describe the pattern of health provision in Malaysia; contrast this with healthcare provision in the UK, and understand the challenges of the speciality in Malaysia, compared to those of high-income countries, such as the UK

Before I came to Malaysia, I had very little idea of what the healthcare system there involves. Therefore, I undertook some research both before my arrival and by asking people about the Malaysian healthcare system during my elective placement. I discovered that as in the UK, Malaysian healthcare is divided into two sectors: private and public healthcare. The majority of healthcare staff work in private hospitals, which are usually found in highly-developed, urban areas. This means that patients who do not have sufficient income to access private healthcare often must wait a long time in order to be seen by a doctor. However, the Malaysian government has been extremely proactive in developing healthcare in the country - recently, a large proportion of the social sector budget was placed in public healthcare. Further plans for improvement include developing 'telehealth', which would allow for patients in non-urban communities to access healthcare even if they are far from well-established hospitals with the latest diagnostic tools and treatment modalities.

The healthcare system is similar to that of the UK in that it is divided into public and private sectors, but the emphasis on private healthcare is significantly different. In the UK, most doctors work as part of the NHS. Although the landscape of the NHS is changing significantly in view of recent changes which the government seeks to implement, for the moment it is a service to which all members of the public have access to healthcare regardless of income. However, the fact that this is the first port of call for

everybody means that the service can often be perceived as slow and inefficient by patients. One of the examples of the strain on the NHS that this represents is waiting times - it can often take hours to be seen in A+E, or take weeks to get an appointment with a GP. This contrasted sharply with my experience in Gleneagles Hospital (a private hospital). Efficiency was very high at the hospital - during my anaesthetics placement, everything ran very smoothly, like a well-oiled machine. The child was quickly put under general anaesthetic, the consultant cardiac surgeon would begin the procedure immediately and operations were completed very quickly, perhaps because the team was always consultant-led, so team members always had a wealth of clinical experience. The most exciting operation I witnessed was an open repair of a tetralogy of Fallot on an 8-month-old infant, something which I have never witnessed before during my placements at medical school back in the UK, and which was completed very quickly in 4 hours, despite a complication arising during the surgery.

4. Describe how this placement has helped to develop your skills and knowledge, for your future practice as a doctor

Undertaking my medical elective at Gleneagles Hospital has been a truly unforgettable experience. As a medical student, I had never experienced healthcare in another country before starting my elective. This placement has afforded me a good insight into the healthcare system in Malaysia. During the elective, I was able to witness some highly specialist operations (such as the TOF repair), which I have not seen during my five years of medical school. I was also amazed by the level of efficiency at which Gleneagles Hospital operates, particularly in contrast to NHS hospitals in the UK - very little time was wasted, and operations were completed very speedily.

Everybody at the placement has been very accommodating and friendly, which has made my elective very pleasant, in addition to being enlightening. All the members of the healthcare team actively encouraged me and the other students on the placement to get actively involved in our respective departments, which has allowed us to improve our history-taking skills in anticipation of starting our careers as doctors in August. From my specific department (ICU and operating theatre), I will particularly take back with me knowledge of different anaesthetic techniques and operations to those I have seen before in England, such as the use of extracorporeal circulation machinery and hypothermia to cool the blood.

Lastly, I would just like to sincerely thank Dr Mohandas for allowing us to undertake the placement at Gleneagles Hospital, and for being such a helpful supervisor throughout the duration of the placement. I hope to return to Malaysia some day in order to gain more clinical experience in global healthcare, perhaps to experience a different speciality at this or a similar hospital.

REFERENCES

- 1. Jaafar, S. et al. (2013) Malaysia Health System Review. Health Systems in Transition; 2(1): pp. 1-21**