

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

I spent three weeks of my elective on placement at Queen Elizabeth Hospital in Borneo, in East Malaysia. This was an extremely enjoyable and an educational placement. Having undertaken a dermatology placement in fourth year as a part of the medicine programme, I was able to gain a deeper insight into this speciality, whilst comparing many components of service delivery of dermatology care in the UK with that in this part of Malaysia. During this placement, I spent time with the doctors as they conducted their clinics. Whilst doing so, I was also able to interact with patients and get a better understanding of their condition and the ways in which it affects them.

1. Discuss and compare how dermatology services are delivered and organised in Malaysia and compare this to that in the UK.

My placement consisted of clinic days which began at 8am and ended at 5pm. This was a familiar format as this is no different to what I have experienced during my placement in the UK. As this was a specialist dermatology clinic, doctors here saw patients who had been referred by their general practitioner and also patients who had requested a consultation due to advanced disease. I was surprised to learn that although the patients did pay a fee for these consultations, much of this is subsidised by the government. Although this is not entirely the same as the NHS system in the UK, it was definitely refreshing to see that attaining good healthcare is not an enormous strain on these patients. Importantly, although Malaysia is generally considered a developing country, East Malaysia differs greatly from West Malaysia, which makes up a large part of Malaysia's economy. The patients presenting to these clinics were of a relatively lower social class, and many of them spoke with me of their struggle to travel to the hospital and expressed gratitude at the fact that their medication and hospital fees were largely paid for by the government healthcare system.

One striking difference that I noted throughout my placement was the layout of the consultations. Each room consisted of two consultations desks which sat facing each other. Besides each desk was a seat. Essentially, each room was running two separate consultations, simultaneously. This reflects the lack of space and general facilities in this area. As I visited another hospital in this area, I found that this was also the case there. The limited space means that there is a lesser emphasis on patient confidentiality, and so consultations are not as private as I have seen during my placements in the UK. On many occasions, the consultations were interrupted by staff members walking in and out of the room, and at some points, I noticed one doctor interrupt the second consultation to ask their fellow colleague about their case. I found that patient privacy and confidentiality is not a central feature in this hospital. This could be due to numerous reasons, some of which I have the opportunity to discuss with the doctors running these clinics.

2. How is Dermatology as a specialty, practised in a government funded hospital in Malaysia, and how does this compare to the NHS. Discuss any advantages and disadvantages.

As mentioned earlier, patients presenting to government hospitals in Malaysia, are partially subsidised. Their consultation fees, combined with any medication costs, are totalled up and a large fraction of this total is paid by the health system which has been put in place by the Malaysian

government. The amount contributed by this health fund, depends on the financial state of each individual, and so varies across the population. This is certainly a positive point, as it ensures that all Malaysian nationals receive affordable healthcare, regardless of social class and financial status.

Additionally, as noted earlier, the lack of privacy and consequent lack of confidentiality, is reflected in the consultation. This reduces the emphasis on patient centred care and feels the patient feel less in control of their consultation. From my experience, this is a central feature which enables the patient to feel comfortable and at ease. It allows the development of good rapport with the patient, and generally gives way for an effective consultation. It is important for patients to feel that their doctor holds their personal information as confidential, and respects their privacy, and their right to it. Unfortunately, the consultations I saw in this hospital, did not demonstrate any element of confidentiality. This was reflected in the fact that consultation rooms held two consultations running simultaneously, and the lack of emphasis on creating a quiet as possible space, for the patient to discuss their issues. I feel that this reduces the likelihood of the patient openly discussing their concerns with the doctor, and therefore, there is limited information shared during the consultation.

**3. Reflect on interesting dermatological conditions seen in the hospital, and the treatment and management of these comparing to that in the UK**

Many of the cases I saw during my placement at Queen Elizabeth Hospital, consisted of some component of psoriasis. This was interesting for me to see, as from my understanding, psoriasis is generally less active with good exposure to sunlight. It was helpful to see this, as it aided my understanding of the condition, and led me to look further into this association between psoriasis and sunlight.

Furthermore, many patients presented with cases of acne vulgaris. Seeing this in these patients and the ways in which these patients were managed and treated, was very insightful. There was a stepwise approach followed when managing this condition, and this is similar to the management method I have seen in my placement in the UK.

Generally, I feel that although doctors in these clinics managed these patients and provided treatment and management methods, there was little emphasis or investigation into the psychological impact that these conditions may be having on these patients. I feel that communication skills sessions during my course, have aided me in picking up on social cues and thus enabled me to discuss any deeper concerns that patients may have regarding their condition. I feel that this component of any condition is an important influencer, as many times, it heavily contributes to the impact the condition has on an individual. This deepened my appreciation for the importance of eliciting patient concerns and enquiring about the impact that their condition may be having on their life. Meanwhile, seeing this component of health being overlooked, also highlighted the strains faced by the doctor in these settings.

**4. Reflect on interesting dermatological conditions seen in this hospital, and the treatment and management of these, compared to that in the UK.**

Sitting in on these consultations gave me a deeper understanding of not only how different conditions are managed, but also awakened me to the different attitudes of patients to these conditions. I found that not only did I see the same conditions in both UK hospitals and also in this hospital in Malaysia, but I was surprised to see that the management of conditions was very similar. The approach adopted in both regions, was very similar. Although the drugs used may have differed in both regions, there was a similar stepwise ladder used. The similarity in management of conditions such as acne and psoriasis reflects the fact that there is no one rigid approach to treating many of these conditions, and this reflects the multifactorial nature of such conditions.