

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

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

**Describe the common pattern/distribution of diseases seen in the Malaysian population and compare their prevalence to that in the UK.**

I chose to do my 6 week elective placement in the Hospital of Kuala Lumpur, Malaysia. I was in the general medical department, which consisted of many wards so I was able to see what the average ward day was like in different departments including cardiology, respiratory medicine and geriatrics. Since it is a tertiary hospital, it is equipped enough to manage and treat a variety of diseases.

When comparing the prevalence of common diseases in Malaysia compared to that in the UK, we see many similarities. To begin with, cardiovascular disease is widely prevalent in Malaysia, just as it is in the UK and I saw many patients admitted due to complications of hypertension, due to stroke and heart failure too. There were similar risk factors to the UK, but cardiovascular diseases are prevalent in both genders equally in Malaysia, whilst a higher risk is accounted for males and post-menopausal females in the UK. In particular it is coronary artery disease which is the biggest cause of mortality as it then leads to heart failure and other complications. This is true in both countries. It is a concern which many of the healthcare professionals voiced as health initiatives and steps need to be taken to address this.

There were also lots of respiratory diseases, including pneumonia for which many of the elderly patients were admitted. There is also a significant aging population in Malaysia like that in the UK. With this, comes the greater prevalence of chronic diseases like that of diabetes and chronic respiratory conditions.

Kuala Lumpur is an advanced, busy city compared to the surrounding areas but whilst it may be developed, poverty still exists within the city. While I didn't come in to contact with many patients personally, I was told that there were a good few patients suffering from nutritional deficiencies, again particular the elderly patients. This is also seen with the elderly population in the UK who are often isolated. Overcrowded housing conditions in poverty areas also meant a higher incidence of tuberculosis.

**Describe the pattern of health provision in Malaysia as compared to that in the UK.**

The healthcare provision in Malaysia is not much different compared to the UK. The hospital that I conducted my placement in was in the public sector – a large tertiary government funded hospital. Every day I saw many new admissions on all of the general medical wards, of which there were at least 10 wards. There is definitely an influx of patients greater than that in the UK but a similar problem in these public funded exceptionally busy hospitals are a shortage of doctors – this is something I was told to expect if I went to some of the smaller hospitals but it wasn't evident in this particular public hospital. The hospital had easy accessibility to all public – each ward accommodates approximately 40-50 patients; the beds were very narrow and close together and these wards did not have AC. The hospitals in the UK have better accommodation for patients, each given adequate space and privacy with the curtains – I did not see this on the wards I was mainly working on.

I am unsure as to whether there is a general practice/family medicine type organisation in Malaysia as I spent my time in the hospital, but it did not seem that there was any sort of primary care, particularly

to help manage these long-term diseases - if it does exist it certainly isn't well established. However, there is more funding being assigned to hospitals and to specific departments within the hospital to expand and allow even greater provision. This includes plans to open up a sector just for women's health including a big building for maternity, neonatal and paediatric care.

There is a two-tier healthcare system - the public healthcare system and a private healthcare system which exists in Malaysia like in the UK. After speaking with some of the ward sisters and doctors, they mentioned that the private hospitals were of course better equipped, had the latest diagnostic equipment and better facilities to accommodate the patient – this is expected from the private sector and is not much different to what is offered here in the UK for those who can afford it.

Identify prevalent infectious diseases and measures that are being taken in terms of prevention (i.e. education/public health promotions)

The patients that I saw on the wards had similar infectious diseases to what is found in the UK including gastroenteritis and tuberculosis. The patient who had TB was in isolation but for the other patients with gastroenteritis etc, there were not enough side rooms available on the ward to accommodate them so they were often left to be with the other patients. In the UK there are definitely more isolation/side rooms available in every hospital for these patients to ensure infection is not easily spread. In the hospital, there were also lots of posters up to encourage good infection control with hand sanitisers available on the wards/corridors.

In terms of prevalent infectious diseases, Hepatitis A and dengue fever were among the prevalent conditions. There were also re-emergent outbreaks of diseases like leptospirosis. Dengue fever, in particular has become a problem affecting people globally and can have very serious consequences including death. For prevention, since there are no vaccines available, prevention lies in educating the people to protect against mosquito repellents and mosquito nets whilst sleeping. Patients suffering from dengue fever are managed conservatively as there are no current antiviral medications.

Reflection of first-hand experience in a Malaysian hospital, communication skills/development of professional relationships and team work.

Since it was a very large, fast paced busy hospital which many new admissions it was great to experience and learn how to handle and manage such a large group of patient with a wide range of illnesses – it requires a broad medical knowledge base as well as effective team work. Another important skill I could work on in this placement was communication skills and how to effectively communicate to patients since many of them could not speak English. It encouraged me to learn a few words in Malay, and they too could speak a few words of English which really helped the consultation move along. It was also beneficial to have a few of the junior doctors there who would help translate when needed. The patients were less likely to be involved in the decision making compared to the UK, where patients seem to exercise more autonomy. I found the team to be very welcoming, with one of the senior doctors who would immediately introduce us to the ward sisters and other members of the healthcare team including the physiotherapists so that they were all aware of who we were and what role we could play in the team. They would include us in consultations but as it was very busy, I feel that if I had to be proactive in asking questions e.g. about the different management options or if I could carry out a certain practical procedure. Overall, it was very beneficial to see how work would be like in a different country where we differ in language, accommodation, facilities and to learn more about the differences in the healthcare system compared to the UK.