

ELECTIVE (SSC5b) REPORT (1200 words)

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

I was fortunate enough to complete my medical elective in Hospital Kuala Lumpur (HKL), a hospital that provides both secondary and tertiary care, situated in the most populous city of Malaysia. HKL is considered to be one of the larger hospitals in all of Malaysia, comprising of 84 wards, with a capacity of 2,300 beds. My interest in ophthalmology began after my placement in 4th year, and I was keen to experience ophthalmology in a country I was not accustomed to. I was lucky to have been given a place within this department, as majority of their placements are taken by local medical students looking to complete their ophthalmology rotation.

Healthcare within Malaysia is not dissimilar to the UK; they offer free healthcare to all citizens, much like the National Health Service (NHS). Towards healthcare, the UK devotes 9.1% GDP where as Malaysia spends a total of 4.1% GDP on healthcare. Much like the UK, there is also private healthcare in Malaysia, which was described to have better facilities, shorter waiting times as well as more drive towards patient-centred care.

The ophthalmology department within HKL was one of the newly instituted departments, therefore accounting for its up to date medical equipment and state of the art facilities. It is the centre for most patient referrals as it offers a wide range of medical and vitreo-retinal services, stemming from outpatient diabetic and glaucoma clinics to laser treatment as well as minor and major ophthalmic surgeries.

Majority of my time was spent in clinics, and here you could evidently notice the stark contrast of how clinics are run. In the UK, each medical professional is situated in his or her own clinic. In comparison, there are 3 separate clinics running simultaneously in the same room, due to shortages of space in the hospital. Many conversations were being had about their medical care with many people in the same room. This environment allowed for different members of the team to consult in real time, and provide efficient healthcare to patients. The team were very friendly and worked cohesively, and this was evident when junior doctors' or trainees would discuss cases with their superior consultants to ascertain the best way forward for their patients.

A major health concern within Malaysia is Diabetes Mellitus (DM). Its prevalence has grown vastly over the last few years. It has been estimated that approximately 15% and 20.8% of the Malaysian population under 18 years and over the age of 30 years suffer from DM, respectively. This is in stark contrast to the UK, where there prevalence of diabetes is only 6%. The most common ophthalmic complication of DM is diabetic retinopathy, which is considered to be the leading cause of blindness in adults. 36.8% of diabetic patients have also developed diabetic retinopathy according to the 2007 Diabetic Eye Registry in Malaysia (1).

Bearing this in mind, diabetic eye screening has been implemented with the hopes of early detection of diabetic retinopathy in order to reduce the number of patients developing significant visual impairment or complete blindness. I was able to witness many cases where patients were initially seen by trained nurses, and were screened using non-mydriatic fundus cameras. Those who failed to have a visual acuity of 6/12 or better were then referred to the consultant or registrars for a more thorough examination. Patients are then categorised based on severity and extent of diabetic retinopathy, which in turn determined frequency of follow up. For example, patients who had no signs of diabetic retinopathy were reviewed every 12-24 months, mild-moderate diabetic retinopathy seen ever 6-12 months and anyone with diabetic maculopathy was immediately referred to the ophthalmologists. These guidelines match closely to those implemented in the UK. Within HKL, I was able to witness further imaging for patients, for example Colour Fundus Photography (CFP) as well as Optical Coherence Tomography (OCT). These were used simultaneously and in real time, with patients being escorted from the clinic to the imaging room in order to complete a full assessment without asking patients to book another appointment.

Majority of the time, it seemed that patients were unaware of the severe complications that can arise with diabetes. I noted that doctors were continuously reminding patients of the macro and microvascular complications that can arise with diabetes, especially in the context of diabetic retinopathy. Leaflets were always provided for patients to take home and digest this information in their own time. According to the Clinical Practice Guidelines (CPG) for Screening of Diabetic Retinopathy, patient factors play a key role in the development of diabetic retinopathy. I was told that lack of awareness, poor access to hospital facilities and difference in cultural beliefs were among some of the reasons why patients did not attend their referral appointments, and would only seek medical treatment when their eye sight had become so poor it was now affecting their quality of life.

During my time in Malaysia, I witnessed the diversity within the Malaysian community; multiple languages are commonly spoken including Malay – their national language – Tamil, as well as various Chinese dialects. Within the Ophthalmology department, there were numerous doctors with various backgrounds to accommodate the different languages spoken by patients. Language barriers were something I noted, as I was unable to understand much during consultations. However, whenever the patients' could speak English, consultations would be carried out in English, and the team would accommodate to discuss cases after so I too could follow.

During our elective, my colleagues and I found time to explore all that Malaysia has to offer. It is a beautiful city enriched in culture and tradition. We visited many national parks, caves and mountains, as well as paying tribute to the many religions practiced by Malays, for example visiting the Masjid Negara (their national Islamic mosque) as well as the Batu Caves and Hindu Temples. Another important aspect in Malaysian culture is their cuisine; an indo-fusion mix of seafood, poultry, noodles, rice and vegetables that were certainly unlike anything I had tasted before.

Kuala Lumpur, a city that is a melting pot of culture, tradition, and modernization as well as a vast culmination of many religions took me by storm and certainly a city I would love to visit again. I found this experience enlightening and feel that it has certainly been a positive experience. I found that the doctors in Hospital Kuala Lumpur were all kind, keen to teach and involve me in all aspects ophthalmology during my time there and for that I am truly grateful. Practicing medicine outside of my comfort zone has been fantastic and would certainly recommend this placement to future students.

Reference:

- 1. Goh, P P, M A Omar, and A F Yousuff. "Diabetic Eye Screening In Malaysia: Findings From The National Health And Morbidity Screening 2006". N.p., 2010. Web. 20 May 2017.**