



ELECTIVE (SSC5b) REPORT (1200 words)

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

As part of my elective I travelled to Kuala Lumpur, Malaysia, where I was lucky enough to secure an orthopaedic surgery and trauma placement in Hospital Kuala Lumpur. The hospital is one of the main government funded public healthcare institutions in the country's capital city and currently boasts the title of the largest hospitals under the Malaysia's ministry of health. It acts as a public tertiary referral centre with 53 different departments seeing over one million patients a year. Its location in the centre of Kuala Lumpur makes it an ideal location for specialist services as well as providing secondary care for the surrounding areas. I focused on Orthopaedics during my elective. My objectives for the elective are given below:

- 1) What are the most common orthopaedic conditions seen in Kuala Lumpur? How does this compare with the UK?
- 2) How are the allocation of resources and the treatments available for orthopaedics conditions decided and delivered in Kuala Lumpur?
- 3) How do the allocation of resources differ between public and private health systems and how does this affect the quality of care received?
- 4) To gain a deeper understanding of prevalent Orthopaedic conditions and improve clinical examination skills.

In UK hospitals, orthopaedics departments see a mixture of trauma and age related conditions requiring surgical correction, with elective surgical interventions making up a significant proportion of operations. Often trauma is diverted to selected trauma centres with specialist care and resources available to cope with the complexity of such cases. Other district general hospitals carry out more planned procedures with clear and specific guidelines on when to refer to tertiary specialist centres. These procedures include joint replacement for age related osteoarthritic degeneration that severely impacts quality of life through pain and limitation of every day activities. Such conditions are managed by primary care providers in the community using conservative measures such as pain relief and physiotherapy for as long as reasonably possible before referral to secondary care.

Malaysia sees a much higher rate of road traffic accidents in comparison with the UK. The most recent data available states that 2015 saw 894,274 motoring accidents causing 18,256 casualties, of which 6,706 people lost their lives (Ministry of Transport - Malaysia, 2016). The burden of complex trauma from such events is much higher with approximately 3-4 patients presenting to the hospital with open

fractures daily. As such provisions such as 4 dedicated orthopaedic theatres which operate all day in close vicinity to the emergency department have been set up at Hospital Kuala Lumpur to quickly and efficiently deal with urgent cases. Often emergency cases are operated on on the day of presentation. This differs to the UK where there is usually one designated emergency theatre reserved for all urgent surgical cases meaning that patients can end up waiting days before receiving required treatment for their injuries.

As with the UK there is a government funded public health care system and a private care system. However, in contrast there is a much higher uptake of private healthcare by those who can afford to pay the medical bills, especially those who have emigrated to the country. The public healthcare system of Malaysia is modelled using the fundamental NHS structure, with resources allocated according to the requirements of the population. However, the hospital services are still partly self funded by patients so it's important to note that uptake of healthcare service may still be limited for those who are not in a position to pay. As a result the interventions available to those with limited financial funds are also limited and so treatment may be tailored to each patient's circumstance. In contrast, due to the self-funded nature of private healthcare patients are able to access a higher level of care and comfort during their inpatient stay, with more input into their choosing what happens to them.

One important thing I noted during my time on placement, was the stark difference in how clinics operate in Hospital Kuala Lumpur in comparison to the UK system. I sat in on numerous trauma and orthopaedics and found that clinics ran in a way that meant that as many patients were seen as possible but at the cost of patient confidentiality. A team of approximately 10 junior doctors saw patients, with the more senior registrars clerking the new patients and the house officers doing follow-up and reviews. Each clinic room was interconnected with the doors open so the consultant could move freely between the rooms and supervise the clinics rather than actively see patients as is usually done in the UK. 2 patients were seen in each clinic room at a time, with open discussion between clinicians within the room. The patients seemed unphased by this and happily discussed their problems freely. In this environment, it seemed to me that attendance to such a clinic acted as consent for such breaches in confidentiality and it was seen as a necessary sacrifice for the sake of accessing appropriate medical care, which would not be seen in private healthcare institutions.

In conclusion, this elective placement allowed me to spend some time both following the on call team in A&E and in clinic, I had the opportunity to see healthcare in a different light. There were vast differences in attitudes to healthcare both from patients and doctors compared to what I have witnessed in the UK. This has allowed me to reflect on my own practices and I hope that these experiences will benefit me in my future career in the healthcare profession.

References:

Ministry of Transport, Malaysia. (2016). Yearly Statistic. [online] Available at: <http://www.mot.gov.my/en/resources/yearly-statistic> [Accessed 25 Apr. 2017].