ELECTIVE (SSC5b) REPORT (1200 words)

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

The patterns of illness in Malaysia are interesting as the country has undergone a big demographic shift over the last 30 years, as the population size has more than doubled and there has been vast urbanisation with 70% of its 28 million population now living in urban areas (Jaafar.S et al., 2013). This reflects the economic changes that have occurred with the majority of income now coming from service-based industries, as opposed to agriculture and mining industries. Hence, the patterns of disease affecting Malaysians has also changed, with the major causes of mortality being non-communicable diseases such as myocardial infarctions and strokes. Urbanisation and less active jobs has led to a dramatic rise in the prevalence of cardiovascular risk factors such as smoking, diabetes and hypertension. Vaccination programs have led to a decrease in communicable diseases such as polio, diphtheria and pertussis, similarly to global trends, and Malasyaia has been polio-free since the year 2000 (Jaafar.S et al., 2013). Nevertherless, diseases such as malaria, tuberculosis and dengue are still a threat, particularly in rural areas where there is less access to sanitation and healthcare resources. It was interesting to learn more about these tropical conditions and how public health programs foccussed on reducing their prevalence. Malaysia, an upper middle-income country as defined by the world bank, has a life-expectancy at birth of 73 years (Jaafar.S et al., 2013). Although this is higher than other middle-income countries, it is still lower than high-income countries like the United Kingdom. The change in the burden of disease also poses a challenge to the healthcare system in Malaysia as it moves away from providing short-term care for infections and towards treating more chronic conditions such as hypertension, diabetes mellitus and the morbidity arising from strokes.

The health provision in Malaysia consists of a two-tier health care system, which consists of both a government- funded health care system and a private health care system. The government-funded public healthcare system provides approximately 80% of in-patient care and a third of ambulatory care, with the private healthcare system providing 20% of in-patient care and two-thirds of ambulatory care(Jaafar.S et al., 2013). The Ministry of Health is responsible for both healthcare systems. Private healthcare is particularly prevalant in urban areas, as a rapidly growing population has meant that there have been longer queues to access government-funded hospitals, and hence there has been a market for privately-funded healthcare . Although, a similar system exists in the UK, the government- funded NHS provides the bulk of the healthcare, with private healthcare being used by only approximately 8% of the population. Having said that, as NHS struggles with increasing demands, there may be a bigger market for private healthcare in the future. Similarly to the UK, there is provision of both primary and secondary healthcare. In the UK, patients need to be reffered by their GP to specialist services at government-funded hospitals, whereas in Malaysia, it is possible to pay a fee to access the specialist servies at government-funded hospitals, and hence GPs in Malaysia have less of a gatekeeper role. One area which differs greatly between the UK and Malaysia is medical tourism. This is a booming industry in Malaysia, as it provides cheaper healthcare but in internationally recognised facilities and with English-speaking internationally trained doctors, and is being promoted by the government as an extra source of income for Malaysia. In contrast, medical tourism is being clamped down upon in the UK with the government urging hopsitals to charge non-UK citzens for treatment provided in NHS hospitals.

My placement at Gleneagles hospital was in the anaesthetics department, and this allowed me to compare the challenges of delivering pre-operative care in Malaysia compared to delivering pre-

operative care in the UK. I spent my time between the operating theatre and the intensive care unit. This is a field of medicine I was interested in following my attachement at Queen's hospital in the UK, and this placement at Gleneagles has further increased my interest in the field. In some ways the challenges of delivering anaesthetic care in the UK is the same as in Malaysia as ITU involves caring for the sickest patients and and doctors must control their emotions, in this highly stressful enviroment, in order to make crucial decisions, such as whether further care is appropriate. Similarly to the UK, anaesthists must provide care for a range of patients, including both adults and children and for a variety of operations. This can be tricky and means that they must have a wide knowledge of the the different levels of anaesthesia required and the different complications that may occur. As many patients have come from abroad, there is often limited knowledge of previous medical admissions in the patient's country and that is a challenge as doctors are unaware of the patient's co-morbitidies or if they have had previous problems with surgery. However, as Malaysia is a country full of different cultures, suprisingly, language was not a problem as doctors easily switched between English and Malay. One of the things that was different in ITU was that there was no specific paediatric and adult ITU services and hence, the ITU had both adult and paediatric patients. This could prove to be a challenge as staff would be less specialist in treating either age group, and hence may not be as quick to react to the patients becoming sicker. Having said that, the nurses kept very detailed records for each of the patients, and displayed it on charts in a similar way to the UK, making trends more easily visible.

I really enjoyed my placement at Gleneagles hospital and I felt that it has developed my skills and knowledge for my practice as a doctor. Firstly, it exposed me to a variety of acutely ill patients and helped reinforce the management of conditions such as sepsis, that I had revised for medical school finals. I was encourage to read the patients notes and then subsquently present patients, which gave me opportunities to develop these skills further, which will be vital when presenting patients on ward rounds or referring patients to other specialites, as a junior doctor. In addition, I was exposed to a different healthcare system which made me appreciate the pros and cons of working in the NHS. I noticed there were less protocols than in the NHS and as things were done differently in Malaysia, it made me think about why we do each aspect of management and the advanatges and disadvantages of doing them. I feel this will make me a better doctor as I feel I have a better understanding of the rationale behind different treatments and hence will be able to choose a suitable treatment in the future, as well as explain the reasoning behind my care to patients, an important aspect of my job. I really enjoyed the varied culture in Malaysia and I feel like I learnt a lot about this interesting country. My time in new country has made me more confident as I learnt how to negotiate daily acitivies such as eating and commuting, and these transferrable skills will be useful when learning how to practice in a different part of the UK, with its different hospital system. I would like to thank Dr Mohandas for kindly supervising me during this elective placement, which I have really enjoyed.

References:

Jaafar.S, Mohd Noh.K, Muttalib.K, Othman.N, Healy.J, 2003, Malaysia Health System Review, Health Systems in Transition, 3(1) [online] http://www.wpro.who.int/asia_pacific_observatory/hits/series/Malaysia_Health_Systems_Review2013.pdf. Accessed 21/05/17