

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

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

In a study conducted in an outpatient department of a hospital in Sarawak, the predominant ENT pathologies seen were: rhinitis, chronic otitis media, nasopharyngeal carcinoma, tonsillitis and nasal polyposis. The cases of rhinitis were predominantly due to allergic rhinitis, which could be explained by the flowering season, and the air pollution in the city centre. The high incidence of nasopharyngeal carcinomas amongst the Malaysian population can be explained by the increased risk of the cancer in the Chinese and Bidayu populations of Malaysia.

Malaysia employs a two-tiered healthcare system: public and private. The public sector serves a majority of the Malaysian population, however is disproportionately represented by 45% of the country's doctors. The costs to the patient are minimal in the public sector, including fees for outpatient consultation and admission to hospital. Despite this, healthcare is not available for all citizens, which is in contrast to the National Healthcare Service implemented in the UK. There are some instances within the public sector that involve additional costs that allow patients to be seen earlier by the physician. On another note, health distribution to more rural areas has posed a long-standing problem for Malaysia.

With the divide in healthcare provision in Malaysia comes advantages and disadvantages. The advantage of a divided private and public healthcare sector is promotion of growth and research in the private sector, whilst offering basic care to the majority of the population at reduced costs. The disadvantage of this model is difficulty of transfer and communication of information. As a result, there is an issue of patient safety that must be addressed as a result of the lack of communication between the two sectors. In addition, the increase in opportunity (financially and academically) in the private sector means that there are more specialists here compared to the public sector. This logistical issue of limited availability of specialists accessible to the general public is another disadvantage of the private distribution of health in Malaysia.

There are calls to investigate an integrated healthcare model to overcome the issues associated with the system currently in use. However this doesn't seem feasible considering the continuing growth of the private sector as well as reallocation of capital away from the public sector. Nevertheless, the Malaysian government continues to try and make healthcare as accessible as possible to all of the general public.

As suggested in the name, ENT involves ear, nose and throat pathology. When approaching an ENT case, a primary survey may be initially performed, and commonly the airway may be compromised due to the anatomical nature of the nose and throat with regards to respiration. This can result in presentation of critically ill patients, which become complicated cases for the clinician.

Beyond the primary survey, ENT medicine comprises a range of pathology with varying underlying mechanisms. For example, ENT clinicians may be faced with anaphylaxis (immunological), epistaxis (vasculopathy and coagulation disorders), fractures (orthopaedics and plastics) and epiglottitis (respiratory and microbiology). This diverse range of disorders requires an equally diverse knowledge base to deal with these patients.

One of the common presentations in the ENT specialty is a sore throat. This can be an insidious, critical or benign presentation with varying degrees of severity. As a clinician, you must determine if the cause of the sore throat justifies admission to hospital (i.e. glandular fever, tonsillitis, quinsy, Steven-Johnson syndrome) or discharge with follow-up in the community (GORD, occupational health, smoking). This can be difficult if the symptom presentation is limited, which can make decision-making in ENT all the more difficult.

One of the important aspects of a medical specialty, is when to admit a patient. This is done with the aid of 'red flag' signs that suggest potential fatal conditions. As a result, ENT medicine has been well practiced in the UK, along with complications of ENT medicine including airway obstruction, haemorrhage and hearing/balance difficulties.

In the UK, there are roughly 1500 ENT surgeons, and despite this, only 15% of all ENT patients actually undergo ENT operations, the rest are seen in ENT outpatient meetings. This can prove to be difficult in a day and age where resources are scarce and manpower is reduced. Despite this, the proportion of ENT surgeons are one of the largest of all the surgical specialties in the UK.

Medicine has been applauded as a career choice not only because of the job security it offers, but also its application anywhere around the world. Fundamental principles such as anatomy, physiology and pathology will not vary if you practiced medicine elsewhere in the world. In this case, practicing abroad can be feasible. However, the level of difficulty for practice can vary significantly. As a physician, one must be aware of the healthcare system in each country, and the lines of communication implemented within this system, in order to perform vital tasks essential to the role of a physician (e.g. ordering referrals, discharge notes, the transition from secondary to primary care of patients, etc). This extended list of topics that need to be learned by the physician of a visiting country, is what makes practicing medicine abroad a challenge. Furthermore, there is the issue of communication. Inability to communicate with a patient can make your job more difficult, and eventually be detrimental to the patient. History taking and management plans are essential elements of a physician's consultation, and inability to perform these tasks makes your job difficult. The need for interpreters or other team members is a feasible option, however this takes up manpower and prolongs the duration of the consultation, which may be restricted time-wise already.

In summary, it is important to be vigilant of social and cultural differences between countries, if considering working abroad. Although the transition may be difficult at first, the ability to work in new environments with varying epidemiologies of disease can be both an exciting and enlightening experience, which makes medicine such an attractive career option.