ELECTIVE (SSC5b) REPORT (1200 words)

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

My elective was in Malaysia, Kuala Lumpur at Hospital Kuala Lumpur. Malaysia has a population of approximately 30 million with Kuala Lumpur being a diverse multi cultural captial city housing 7 million individuals. The most noticing feature of the city was its socio economic diversity - with large shopping centres clustered with the most prestigous of brands and the Petronas towers epitomising wealth; however, amongst this there were evidently areas of significant social deprivation, in particular in districts slightly outside the vicinity of the main city - the presence of high rise flats, roads in disrepair and areas that were in desperate need of social regeneration. This diversity was also reflected quite accurately in the hospital environment - where the private hospitals were quite evident with their modern, clean look and security studded entrances. Comparitively; the government hospitals which catered for those wanting free health care looked tired and worn, nevertheless operational and effective. Hospital Kuala Lumpur is the largest government hospital in Malaysia, it has a high turn over of patients with approximately 125,000 coming through its doors every year. Positive health outcomes are directly correlated to medical staffing and one of the evident differences was the ratio of doctors and nurses to patients. With one nurse and doctor tending to about 10 patients in the emergency department, this would have been comparitively higher in an a emergency setting in the UK despite the UK also having staffing issues amongst medical professionals. Although free to access, each individual requiring medical care is required to pay an administrative charge of 2 Ringits which is the equivalent of 30 pence, a slightly odd concept which does not necessarily help raise money for the health care system but if anything seems to be more time consuming and requires additional staffing to monitor, and only appeared to be more of an administrative hinderence than anything.

During my time in the A&E department it was evident that as in any part of the world - acute cases are acute with patients in particular presenting with ACS, exacerbations of asthma, exacerbations from chronic diseases e.g. diabetes and road traffic accidents. The system was very similar to that seen in the UK with areas being designated for 'minors', 'majors' and 'resus' being relabled as 'red', 'green' and 'yellow', and patients also being triaged by the respective health care professionals and then forwarded to the relevant teams. Of particular surprise was an area solely designated to asthma exacerbations, lined with arm chairs where patients were provided nebulised oxygen without being admitted to beds, although overcrowded it was a good method to reduce the demand for beds and allowed similar patients to be grouped together. These respiratory conditions were perhaps due to the consequence of high levels of polution with little care being given to CO2 emissions, resulting in poor air quality and therefore culminating in respiratory diseases. Another significant contributing factor towards respiratory disease in Malaysia is the endemic of smoking, in the UK there is now strict regulations towards cigarette smoking with packets clearly marked as being damaging towards health and public health campaigns highlighting the problems that individuals might face when smoking. In Malaysia however there does not appear to be this empahsis on highlighting the damaging consequences of cigarette smoking, further the free avaialbility of purchasing individual cigarettes rather than complete packs means that the health warnings which are usually viewable on cigarette packs are not there and instead of purchasing packs individuals can then purcahse individual cigarettes bypassing the safety netting that is present. Further, this also encourages those in lower socio econimic classes to continue smoking as they are able to afford and purchase individual cigarettes rather than having to buy expensive packs in one go. Another notable difference was the

presence of end organ disease as epitomised by chronic diseases such as diabetes. Discussing the reasons behind this, it transpired that many individuals believe that medications are damaging towards health and do not actually help, they then seek alternative herbal remedies that do not actually target the root causes of their problems and instead further detriment their health and result in the progression of disease much more quickly and also to a terminal stage. Road traffic accidents represent a 9% prevalence in Malaysia significantly higher than the 0.5% seen in the UK - the result of this is due to fewer safety regulations in particular when using motorbikes e.g. wearing of helmets is not compulsory - this results in high numbers of trauma and orthopaedic cases with individuals displaying severe fractures and wounds often fatal in nature.

Another difference between health care in Malaysia and UK is that Doctors in Malaysia wear white coats - this acts as a uniform to help them to be identified. In the UK however the white coat has long been discarded as it is deemed an infection risk and therefore a potential risk to patient safety. Another noticable difference was that unlike in the UK where all staff are aware of hand washing protocols and there is the presence of alcohol gel in all clinical areas to prevent the spread of infection - this was not as apparent in Malaysia where dependent on individuals hand washing would occur, even on some occasions I noticed nurses not washing hands between attending to two different patients. Further, not all clinical areas had the presence of alcohol gel and moreover less empahasis was made for example no posters or images to show that this was a requirement.

One of the most challanging features of my placement was the ability to communicate effectively - amongst medical professionals this was not so much a problem, however even in this I noticed that certain terms were different and the colloquilisms that are taken for granted in the UK did not necessarily exsit, however the biggest challenge came when speaking to patients, some of whom had no understand of the English language whatsoever - this made clerking the patient near on impossible, however it did highlight the challenges that one might face in the UK and the necessity to utilise various resources such as interpreters and family members to help acquire detailed information about the patient. This experience was highly useful in providing me with an insight and also allowing me to hone my non verbal communication techniques.

Overall the placement was a good opportunity to experience medicine outside of the UK , it allowed me to appreciate the benefits that we have within the NHS and how fortunate we are for its existence. It also highlighted how thin on resources doctors are irrespective of their location in the world, often being over worked and under valued. However despite this - the love for the profession allows them to continue to provide care and put the patient first irrespective of the pressures they are faced from externally. I would highly recommend Malaysia to anyone who has not visited the country and more over recommend it to future years of medical students as an elective destination.

A special thank you to Dr. Ahmad Hariz bin Abdullah for accomodating us during our elective.