

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

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

**Describe the pattern of disease in the context of ENT in Malaysia and discuss this in the context of global health:**

The ENT clinics in Malaysia were extremely packed. The majority of cases I experienced appeared to be paediatric in nature. The ENT diseases prevalent in this country were: rhinitis, chronic otitis media, nasopharyngeal carcinoma (NPC), tonsillitis and nasal polyposis. In similar fashion to the UK the main rhinitis group consisted of allergic rhinitis, however, unlike in the UK, there was less seasonal variation to this in Malaysia, albeit a small increase in presentations during the yearly fruit flowering seasons of June and July.

Something else I saw on a few occasions was large perforations of the eardrum secondary to chronic otitis media. This is something I have rarely seen in the UK, as otitis media is often treated promptly with good compliance due to patient understanding, and close monitoring for such complications.

A common ENT complaint in children in this country is recurrent tonsillitis. The criteria for surgery remains similar to the UK, generally with four or more attacks required in two consecutive year, with a few exceptions. However, this decision is made on a case by case basis.

One disease in particular with a notable difference in distribution between the UK and Malaysia is nasopharyngeal carcinoma (NPC). This is a condition which is quite rare in the UK, but 40-50 new annual cases are seen in Queen Elizabeth Hospital alone. The reason for this may be the presence of Bidayuh and Chinese ethnic groups in Malaysia, in whom there is a higher incidence of NPC.

**Assess the pattern of health provision in Malaysia and compare this with the UK:**

The healthcare system in Malaysia is similar to the UK, and maintained by the government comprising a universal healthcare system funded by taxes, as well as a private healthcare system.

Prior to my elective, I had little insight into the what the healthcare system in Malaysia entails. However, I had researched into a few basic healthcare statistics: Malaysia has a total population of 29,717,000 in total with an average healthy life expectancy of 64 at birth (WHO region average, 68). Similar to the UK, the leading cause of death in Malaysia is due to ischaemic heart disease (20.1%), with stroke, lower respiratory infections and road injury following (10.5%, 8%, and 4.7% respectively). Diabetes and COPD are also amongst the top ten causes of death (3.3% and 4.6%) yet HIV/AIDs is the second infectious cause of disease in this list.

The infant mortality rate and life expectancy in Malaysia compares its healthcare provision favourably on statistical grounds to the UK. I can re-affirm this from what I saw for myself and experienced at

Queen Elizabeth Hospital. I was very impressed with the modern facilities and size of the hospital, with a widespread number of wards and specialities available.

Care was provided to patients from all walks of life and staff were very knowledgeable, providing an efficient service. However, I noted queues at clinics to be very long, and much busier than those in the NHS. I later found out that this was due to a shortage of staff and specialists relative to the number of patients visiting each department.

**What are the challenges in the practice of ENT (if any) in Malaysia - compare this to the UK:**

Prior to this elective I had limited experience of ENT medicine in the UK. However, I can compare my time spent here to my general experience of healthcare in the UK. One of the main challenges in Malaysia is funding and while the government does provide a good amount of money towards healthcare, after this money is distributed evenly to each district there is not as much available to each hospital department as one would wish for. This means some services and procedures which we take for granted in the UK are rationed in Malaysia.

A poignant reminder of this was when I saw a young girl who was fortunate enough to receive a cochlear implant. However, this is something which cannot be given to everyone, and strict criteria apply. For example, the child must be under three years old as this maximises their chance of developing normal speech, and must not have global developmental delay or behavioural problems such as autism. As a cochlear implant can be a life changing gift to a young child, ruling them out on the basis of criteria may appear unfair at first, however they are only present to ensure that cochlear implants are given to individuals with the highest chance of benefitting from the device and achieving the end goal of successfully attending a mainstream school and living a normal life.

Other issues in ENT included patients presenting late, with conditions such as advanced NPC which may have been more easily treatable at an earlier stage. Patient's may miss or not be aware of the onset of early symptoms due to the lack of patient education and public health measures.

**Describe how this placement has helped develop your skills and knowledge for practice as a Doctor:**

This placement has provided me with basic skills, confidence, and knowledge of ENT, which I feel I was lacking from my undergraduate studies. This will serve me well in the future as ENT conditions form a large part of general practice consultations, a career I am considering for the future and will be placed in for my FY2 year. I found Dr Halim to be a great role model and teacher. It has made me realise that medicine is like a language, and even though our countries are miles apart and healthcare settings different, everything we do is so similar and I thoroughly enjoyed experiencing medicine in another country.

Furthermore, I was very impressed by the rapport building between the doctors and patients. Even though clinics were so busy, they ran very smoothly and no one complained. I found doctors to be much happier than in the UK and every patient was given as much time as needed to be assessed and managed properly. This is such an important part of medicine that we sometimes forget back in the UK due to pressures on the NHS.