

ELECTIVE (SSC5b) REPORT (1200 words)

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

I carried out my elective at Kuala Lumpur General Hospital on the general medicine ward. It was a great privilege to have undertaken my elective in this diverse hospital in the heart of a wonderful city. There were many learning points and eye opening experiences during my time at the hospital. It was interesting to see the similarities as well as differences in practice between the UK and Malaysia. I was warmly welcomed by all the staff at the hospital and I would thoroughly recommend this placement for any of the younger years who wish you carry out their elective in south east Asia.

Describe how the health care structure is in Malaysia and how this compares to the UK.

The healthcare system in Malaysia is currently a two tiered system which consists of a general public healthcare system and a private health care system. The public sector is run by the government and it currently serves 65% of the population but this sector only consists of 45% of all the registered doctors in Malaysia; and only 25% of the specialist doctors. Unlike the UK, the patients in the public sector pay nominal fees, which are heavily subsidised, for access to outpatients and hospitalisations.

Healthcare in the UK is very similar in structure to Malaysia as there is also a two tiered system. However, the larger sector in the UK is the government funded system also known as the National Health Service (NHS) and there is a private sector which is smaller. General Practitioners provide primary healthcare and make referrals to further services as required. Hospitals provide specialist services to patients, as well as access to Accident and Emergency.

Describe the common presentations in general medicine in Malaysia and how it compares to the UK.

During my time on the ward, it became apparent that there were certain conditions and presentations that were more apparent than others. In the general ward I was placed at; the most common presentations were due to the respiratory conditions such as COPD, asthma, pneumonia; coronary artery disease, diabetes and infectious diseases as well. The common infectious diseases currently in Malaysia include Hepatitis A and E, typhoid fever, malaria, dengue fever, yellow fever and even Rabies.

Diabetes is a growing issue in Malaysia and currently nearly 1 in 5 adults in Malaysia have diabetes. This is a growing concern and efforts are being made to address the issue but one feels that more can be done in terms of educating the public. A recent survey showed that nearly half of those with diabetes didn't even know they had the condition.

When compared to the UK the common presentations at our hospitals include respiratory conditions, coronary heart disease, diabetes as well as conditions associated with obesity. Unlike Malaysia, infectious disease is not as big a concern in the UK as it is in Malaysia. Due to the ageing population in

the UK, more recently the number one cause of death in the UK is dementia which accounted for 11.6% of all deaths.

Describe the current public health issues in Malaysia and how it compares to the UK.

Currently in Malaysia there are a number of public health issues. Firstly, the importance of hand washing. Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. Another issue is that there is a growing concern over the need for a proper management of clinical waste in Malaysia has prompted the Government to establish comprehensive clinical waste collection, transportation and disposal system for all the Government hospitals. Another issue is influenza which now the government has developed a national pandemic Preparedness plan which is essential especially in South East Asia. The next issue is tropical diseases such as dengue fever. The health ministry of Malaysia has recently given a 2-year conditional registration for the first ever dengue vaccine. Finally, other issues currently faced by Malaysia is that there are shortage of highly trained specialist doctors and certain medical care and treatment are currently only available in larger cities.

There are many current public health issues currently in the UK which are trying to be tackled. Public Health England realises that 40% of premature deaths are due to behavioural patterns. Firstly, childhood obesity is a major problem, the effects of smoking and alcohol on children, lack of awareness of dementia and help tackling the risk factors; physical inactivity, raising awareness of diabetes and help people get involved with the diabetes awareness program. Also Public Health England are trying to promote various campaigns directly to the public as it is important that they engage fully to have an impact. Such programmes are Change4Life where they are promoting positive behavioural change, promoting Act Fast campaign to highlight the effect of stroke and continue promoting the Be Clear on Cancer campaign so that symptoms of cancer can be identified quicker.

To develop the adequate skills to talk to the health care professionals and patients, when English is not their first language.

During my time at Kuala Lumpur General Hospital I managed to learn to communicate as best I can. I was fortunate that most of the health care professionals were able to communicate in English so this was very useful. Even in the hospital notes, the doctors would write in English which would mean that I was able to follow a patient's history from the notes and I can always double check anything if I was in doubt. There were lots of medical students as well, who were kind enough to explain what was going on if I was in doubt and they helped teach me a few basic words to help when talking to the patients. I was also fortunate that the doctors on my ward did their ward round in English when I was there which was very useful for my learning; however, when they spoke to the patients they used the national language, Malay. Communicating to the patients when taking a history from them or to pass on information was quite challenging. I tried initially to communicate using visual aids and hand gestures as well as broken English but this was quite difficult to get all the required information when

taking a history; but I was able to take a history with the help of someone translating. Also, on the ward I was based there were quite a few patients who spoke my mother tongue, Tamil. This was very helpful knowing another language so I was able to communicate quite efficiently with these patients and I became a valuable member of the team as I was able to translate for the doctors during the ward rounds. Overall, I felt that I did develop my skills to communicate with everyone better over my time at the hospital, but doing a placement in the local government hospital, it would be ideal to be able to speak and understand Malay.