

ELECTIVE (SSC5b) REPORT (1200 words)

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

I chose to undertake my medical elective at Hospital Kuala Lumpur within the capital of Malaysia. It is a government owned hospital that is the largest in Malaysia and one of the biggest worldwide. This tertiary health centre consists of 84 patient wards and 2,300 patient beds. Out of its 54 departments, I was allocated to General Medicine for my period of elective study. I hoped that this would provide me with a wide ranging experience into the common medical presentations and conditions seen in Kuala Lumpur, Malaysia.

1. To compare the common presentations of general medical conditions in Malaysia to those within the UK.

The general medical conditions which I came across during my elective in Malaysia are similarly prevalent within the UK. Ischaemic heart disease is the most common cause of death in Malaysia due to a high frequency of risk factors contributing to cardiovascular disease such as high blood pressure, smoking, high BMI, alcohol and low physical activity. This also helps in explaining the high incidence of stroke which is a major cause of disability within Malaysia.

On a ward round I attended in CCU, I saw a few patients who had suffered with anterior myocardial infarctions. Patients in Malaysia who have a myocardial infarction are treated mainly with thrombolysis, whereas primary coronary intervention is the treatment of choice within the UK. In addition, there are more patients per doctor within the hospital in Malaysia, which the consultant cardiologist made us aware of. The ward round is generally longer, as more time is spent with each individual patient due to bedside investigations such as echocardiograms being performed.

Diabetes mellitus and its complications led to several hospital admissions in Malaysia, as is the case within the UK. It is a chronic condition which can be found within the top ten causes of death in the country and many people remain undiagnosed. In Malaysia, the number of diabetic patients has risen significantly over the past decade partly due to increased dietary sugar intake and a lack of physical activity. A comprehensive approach has been recently implemented by the Malaysian government to help better control, treat and prevent this chronic condition.

The most common medical emergency which patients were treated for in Malaysia was respiratory tract infections and more specifically exacerbations of bronchial asthma. Patients frequently presented with symptoms such as shortness of breath together with a cough and fever. Several cases were attributed to viral causes. The presence of air pollution and increased smoking contributes significantly to respiratory diseases in Malaysia. COPD is therefore becoming more common in the population and adding to the economic health burden.

Whilst road traffic accidents and injuries cannot be classed as a disease, its impact in causing death or permanent physical disabilities should not be overlooked. Road injuries is the fourth most common cause of premature death within Malaysia, which has one of the highest accident rates in the world. In 2016, 7,152 deaths from road accidents was recorded in Malaysia, a rise from the 6,706 deaths which occurred in the previous year. This is despite various steps which the government has taken to help reduce the number of accidents. These high road traffic accident rates seen in Malaysia are in stark contrast to that in the UK, which has one of the lowest annual road death numbers worldwide.

2. Describe the pattern of health provision in Malaysia and how this compares to the health provision within the UK.

Health care services within Malaysia include a government run public health care system with hospitals and health care centres, along with a private health care system which is fast growing and is offered via clinics in urbanised areas. Majority of the population receive health care from the public system which is funded by government taxation revenue. However, patients do have to pay small fees to access both the out-patients and hospital clinical services. The Malaysian health system involves doctors being required to work for three years within these public hospitals to sustain the manpower within them.

This is comparable to the health system in the UK, whereby the National Health Service (NHS) is provided by the government offering free healthcare for the population at the point of contact, funded from general taxation. There is also co-existing private healthcare. The private sector within Malaysia is rapidly growing by offering specialist services and treatment.

3. Describe the current public health concerns in Malaysia and the steps being taken to address these.

One serious public health issue within Malaysia is the increasing prevalence of alcohol consumption, after it was named in 2011 by WHO as the 10th biggest user of alcohol worldwide. Alcohol contributes to socioeconomic problems within the country and driving under the influence (DUI) of alcohol is a known cause of public health and traffic safety issues. This is significant considering the high number of road traffic injuries that occur within the country. The government has taken various steps to tackle this issue, by raising the drinking age from 18 to 21 years old as well as increasing monitoring and control over alcohol advertisements.

Another public health issue which arose last year within Malaysia was hand, foot & mouth disease with levels close to that of an outbreak. This required health authorities to increase monitoring and prevention. It is a highly infectious disease which spreads via close contact. Outbreaks have been happening within countries of the Asian continent since 1997.

Finally, dengue fever is an infectious disease which is affecting an increasing number of Malaysians each year. With over 100,000 cases in the year 2016, Malaysia continues to be one of the most severely affected countries. To prevent further spikes in dengue fever cases various actions are required. The health minister has focussed more on tackling the breeding of mosquitos, which carries the dengue virus, by reducing the number of sites where this occurs.

4. To develop my ability to communicate to both doctors and patients, when English is not their first language and a language barrier is present.

Majority of the people within Malaysia speak their national language of Malay. Initially I felt this would make it difficult for me to communicate effectively to patients. But it made me realise the importance of considering other communication techniques that can play a vital role when talking to patients. The use of appropriate body language and gestures helped build rapport with patients and improved their understanding of what I was trying to say. Some patients could say a few words in English as well as understanding bits of the English language which aided the consultation.

Developing such techniques would be will be highly useful for me to apply when consulting and examining patients of various cultural backgrounds, for whom English is not their first language. This is something which I will encounter frequently in the future and following this elective placement I feel I am more confident in communicating with such patients. Whilst there is the availability of translators, the ability to develop my non-verbal communication and techniques in dealing with language barriers will be invaluable assests to have.