

Elective in Sarawak General Hospital

I carried out my elective at Sarawak General Hospital, Kuching, Borneo, which is a state of Malaysia. The hospital itself is large; it has 765 beds and in addition accommodates a large proportion of outpatients. My elective was in obstetrics and gynaecology, however whilst I was there I was fortunate enough to be able to spend some time visiting other wards such as paediatrics and A&E.

Arriving at Sarawak General Hospital on the first day was not what I had quite expected; the hospital was extremely large and quite modern looking from the outside. I was also surprised to find the inside of the hospital fairly modern too. The reception area which was the first area I came across was much more chaotic and busy than waiting areas of UK hospitals. Initially when I arrived it was quite daunting however I soon realised that all the staff and doctors were able to speak English very well. All the patient notes, lectures and teaching sessions at the hospital were in English also. However a large proportion of inpatients and outpatients did not speak English, therefore consultations took place in Malay. As I could not speak Malay, the doctors would translate the key points of the consultation and additionally give a mini-teaching session on each patient.

What are the most prevalent obstetric complications seen in Sarawak General Hospital and how do they differ from the UK

The obstetric ward in Sarawak Hospital was very similar to that in the UK. There were separate side rooms with one reception area where the CTG traces of each patient were monitored on a large screen. I noticed however that there seemed to be a large number of junior doctors, approx 8 at a single time in the delivery ward in comparison to the UK, where I would normally only see 1 or 2 at any one time during the day. These doctors generally only attended patients that were experiencing complications, most normal deliveries only had midwives present. Generally, I noticed the privacy of patients was less important during delivery. A doctor instructed a few of the students including myself to just go in and observe, without the need to ask permission. I found this to be extremely different to the way things are done in the UK.

Whilst I was at the hospital I didn't experience many major obstetric complications, a large proportion were similar to the UK. Having spoken to doctors, post-partum haemorrhage is sometimes seen, however similar to the UK cord prolapsed is rare. In Sarawak Hospital however it was very common for women to be presenting with gestational diabetes. These women were routinely monitored 2-weekly in the community to avoid further complications to both the mother and the baby.

How do resources and services differ at Sarawak General Hospital to UK NHS Hospitals?

The resources and services that were available at Sarawak Hospital were very similar to that of the UK. The hospital had all major departments, with outpatient clinics in most specialties. However the cardiology department was based at a different site to Sarawak hospital. The radiology department was well equipped with modern day technology, however I found that doctors did not request many MRI's or CT scans throughout the day for their patients unless it was absolutely necessary. I found this different to the UK, as often a large proportion of patients are sent for MRI's and CT's after the decision is made in morning ward rounds.

I found the wards themselves to be much larger than the UK and also seemed to be more crowded with more beds in a given space.

The multi-disciplinary teams used in the UK were very similar in Sarawak Hospital. The social services were widely used throughout the hospital, in fact more so than I had initially thought. During my time on the obstetric ward there was a schizophrenic patient who was due to give birth. The case was quite complex, involving the psychiatry team and social services.

How do medical practices and laws differ from the UK for example the law of abortion?

The law of abortion is very different in Malaysia to that in the UK. As Malaysia is a Muslim country, abortions are not readily performed. When speaking to a Malaysian junior doctor about this topic, he was unaware exactly about the rules and regulations and was shocked by the law in the UK as it is quite different to Malaysia. The only case an abortion would be carried out in Malaysia is if there is an absolute indication, such as if the mother's physical or mental health was at risk. Other reasons are generally not considered such as, fetal defects, social problems or on request by the patient.

To make supervised medical decisions for patients on my own but keeping within my capabilities.

Whilst I was at Sarawak Hospital I was shadowing the doctors and learning from their teaching as supposed to making medical decisions on my own. So although I wasn't making supervised decisions on my own, the doctors did question us on what our management plans would be for the patient that we would see. Therefore I was making medical decisions without actually implementing them in reality. I was quite happy to learn through this process as I felt the doctor was able to correct me on any errors and learn on various learning points that they highlighted.

Overall my clinical experience at Sarawak Hospital was great. I found that I was able to see clinical signs which I had not seen in the UK, particularly some rare conditions such as Meigs Syndrome, Vulvar cancer and palpable ovarian cancer mass's. As patients tend to travel from far to visit the hospital they generally tend to present at a late stage in their illness. As many of the patients were presenting late with their condition, many clinical signs were seen.

I found that my elective was a great learning experience where I was able to gain experience and gain an understanding of how a hospital in another country is run and also the facilities and resources available in a hospital outside of the NHS which is the only health care system I have had experience with. Not only the medical aspect but also the cultural aspects of Malay lifestyle were interesting to learn about through speaking to locals and also socialising with local doctors.