OBS + GYNAE

Elective report: Mei-leng Lau-Robinson

I completed my elective in the University of Malaysia Hospital, Kuala Lumpur. I chose to do my entire placement in the obstetrics and gynaecology (O&G) department because I wanted to widen my experience of O&G and to enhance my knowledge in this subject for future prospects of a career in obstetrics and gynaecology. I wanted to experience the practice of medicine in a developing country, as well as to observe the difference in the healthcare system in order to be able to describe the health provision and pattern of disease in this population. It was also very important for me to reflect upon the entire experience throughout my time there, and within this report.

Malaysia has a two tier healthcare system: government-run universal healthcare, and private healthcare. Doctors are required to perform at least 3 years service to public hospitals to ensure manpower is maintained.

The people in Malaysia may have Chinese, Indian or Malay backgrounds, and depending on their ethnic origin, speak Malay, Cantonese, another Chinese dialect or language, Hindi, or Tamil. However luckily for me (as I speak neither of these languages) almost all people born in Malaysia are proficient in English. The main religions in Malaysia are Islam, Christianity, Hinduism and Buddhism.

In Malay culture, unobtrusive communication is adopted to avoid the discomfort associated with shame, so I found taking sexual and obstetric histories particularly difficult, and sometimes confusing, as the patients occasionally would withhold information and then hint at it later in the conversation. I also found it amusing how patients would deny they had a medical problem or else describe it as "only a little bit of diabetes", or "a little bit of hypertension", yet they take medication for it.

These two diseases were very commonplace amongst patients and the general population, and as such, I think it led to them being dismissive and complacent of the seriousness of their conditions. As a result, I saw a surprising amount of diabetic complications and ischaemic heart disease in many of the patients, including amputated limbs, chronic kidney disease and bypass grafts, at a young age.

Furthermore, in the antenatal clinics it seemed as though those women who did not already have diabetes, were diagnosed with gestational diabetes. This

appears to be related to the lifestyle and diet of the Malays; compared to the UK, they rarely walk long distances, but prefer to drive or motorcycle (mostly due to the heat or the torrential rain) and the food is heavily based on carbohydrate products such as rice and noodles, as well as sometimes being quite oily and fatty after being fried. It also seems that eating is a big part of the culture here; so breakfast, lunch and dinner are all big meals (compared to the UK where it is more usual just to have one big meal a day and the other two meals would be lighter). In addition, it is quite the norm to eat most, if not all, meals out at a restaurant/cafe/vendor instead of home cooking. Plus, the food is cheap and sold in large portions. This was highlighted by the fact that the students' halls of residence at the university does not contain a kitchen, as clearly the students are not expected to be cooking for themselves.

Some Malay women may not wish to shake hands with males, and generally women prefer to be examined by female doctors, so those who adhere strictly to Islamic precepts may find antenatal or midwifery care by men especially difficult; so it is particularly difficult for male medical students to get the experience that they require. However in the public hospitals, female patients seem to accept male doctors as they feel they cannot make many "demands" in these hospitals. In fact, patients seem to be relatively passive to their medical treatment. They do not seem to be very interested in being involved in the decision making process, and are more often told what will happen next rather than offered the options that the doctor considered; it seems there is an attitude, between both practitioner and patient, of 'doctor knows best'.

Some Malays share beliefs based on humoural medical theory. Illnesses, body states, foods and medicines are regarded as 'hot' or 'cold' depending on the effect on the body. I learnt that pregnancy is a hot state, thus women should avoid overheating and cold foods are desired. After giving birth, women are said to be cold, therefore drink warm drinks and eat hot food.

The labour ward was an interesting experience. There are regular islamic prayers over the ward tannoy, for a healthy baby and uncomplicated delivery. Some doctors or nurses may also respect the prayer by clasping their hands together during the ward round. Malay women are encouraged to pray during labour, and to avoid crying and screaming, so labour wards are significantly quieter than what I am used to. The absence of the patients' partners is also immediately evident. In University hospital, labour is predominantly doctor-led (as opposed to midwife-led) and patients do not have as much one-to-one midwife care. For example, on

one ward round, the doctor went to examine the patient but she was in too much pain and would not permit it, and upon requesting a vaginal examination found that the baby's head was crowning. It appeared that no one had been aware that this patient was so close to delivery, with no immediate advocate for the patient and less frequent monitoring than in the UK. There was a rush to prepare equipment etc and the baby was delivered in minutes - an exhilarating experience. In the UK women are encouraged to not push during crowning, and I feel as a result suffer less perineal tears, unlike in Malaysia where apparently it is very common. Caesarian sections were caried out in much the same way as in the UK, O&G is actually based on the same guidelines as in the ones we follow in the UK.

In gynaecology it was very interesting for me to be able to see very far advanced, late presenting, dramatic looking cancers - that we do not usually see in the UK - including advanced cervical cancers, which are rare due to our NHS screening programme, while a similar programme does *not* exist in Malaysia (smear tests are instead done on an opportunistic basis). During my time in surgery I was also fortunate enough to observe a laparoscopic cystectomy of two large dermoid cysts. I had previously never seen a teratoma, so it was fascinating to watch.

Although understandable, I was sad to learn that no fertility treatment is provided free by the Malaysian government. Private treatment is available, but even the public hospital fertility treatment is unaffordable to many couples. It made me appreciate the service that the NHS provides for subfertilty in the UK.

In my opinion, patient confidentiality (in terms of talking about patients in front of other patients), infection control (hand washing and cross contamination) in the hospital could be improved compared to the UK, but overall, for a developing country, the quality of healthcare and services, medical facilities, teaching, and professionalism is good, and is better than I had expected. The experience has been an eye opening one, and definitely one that I will remember and appreciate in the future. I am very grateful for having had this wonderful opportunity.