MAHALINGAM GENERAL MEDICINE

Elective Report- 2013

(1) Changi General Hospital- Internal Medicine

Supervisor: Dr Akhter

(2) Hospital Kuala Lumpur- Dermatology

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1. What are the prevalent diseases in Singapore? Is this any different to United Kingdom?
2. What are the prevalent dermatological diseases in Malaysia? Is this any different to United Kingdom?
3. What healthcare resources and provisions are made for patients in Singapore- how does this differ from the UK?
4. What are the challenges of working in a different healthcare system and how can I overcome them?

Singapore is an island situated in South East Asia with a population of 5,312,400. There are seven public hospitals, include 5 general hospitals, one of which is Changi General Hospital where I undertook a two week elective. My placement was in Internal Medicine.
Malaysia is also situated in South East Asia with a population of 28 million. I undertook a dermatology placement at Hospital Kuala Lumpur.

What are the prevalent diseases in Singapore? Is this any different to United Kingdom?

In 2012, the leading cause of death in Singapore was cancer in thirty percent of deaths. The second cause was ischaemic heart disease in sixteen percent. This is actually very similar to the statistics in United Kingdom, which showed that in 2011, thirty percent of deaths were due to cancer. In Singapore, 9.9% of the population is over 65 years old whereas 17% of the UK population is over 65. Both cancer and ischaemic heart disease are associated with older age and given the increasing age and life expectancy in both countries, it explains the increasing prevalence of these conditions.
The life expectancies for both Singapore and United Kingdom are similar as demonstrated in the table.

	Male	Female
Singapore	79.6 years	84.3 years
United Kingdom	78.2 years	82.3 years

The WHO has found that the incidence of non-communicable chronic diseases is increasing particularly cardiovascular disease. This is proven in Singapore and United Kingdom where the second largest cause of death is ischaemic heart disease as mentioned above.
Internal medicine within Changi General Hospital is varied and provides a spectrum of diseases to see. In comparison to the United Kingdom, I think there is much higher incidence of infectious disease presentation. For my own purposes of learning, this was a fantastic opportunity to see

patients with cases of dengue fever for example. Although information is often gleaned from textbooks and now the Internet, being able to recognize signs and clinical presentation is much more beneficial when done in a practical setting.
During my time on the wards, I saw a high prevalence of patients with diabetes who presented with a variety of complications as a result of it. This included things like hypoglycaemic episodes, diabetic keto-acidosis and end stage renal failure. The Ministry of Health in Singapore has demonstrated that the prevalence of diabetes has increased over the last ten years from nine percent to eleven percent. 8.9% of all polyclinic attendances are attributed to diabetes which justifies the need for holistic care and a multi disciplinarian team.

What are the prevalent dermatological diseases in Malaysia? Is this any different to United Kingdom?

During my placement in the dermatology department, I was told that leprosy (Hansen's disease) was particularly prevalent. This was a unique experience for me as I had never come across it during my clinical placements in the United Kingdom. They had specialist leprosy clinics as well as many public health interventions such as leaflets distributed in the department.
Diseases such as psoriasis and eczema were also prevalent however, which is similar to the United Kingdom. In outpatient clinics I noted that many patients were significantly troubled by the appearance of their symptoms and how it affected their daily life. For example, patients were embarrassed to go to work or even see friends when they had a flare up of psoriasis. The department of dermatology has a supportive network of counsellors in order to help patients manage the psychosocial consequences of their condition.

What healthcare resources and provisions are made for patients in Singapore- how does this differ from the UK?

After being exposed to the NHS healthcare throughout medical school, it was interesting to see an alternative healthcare system. The healthcare system is subsidized by the government, so although there is a component of payable fees for the patient, the subsidization is implemented so that all patients should be able to access basic healthcare. There are three tiers of healthcare insurance which have the aim of ensuring access to healthcare independent of income. The first tier is the government subsidisation, the second tier is provided by Medisave which is a medical savings account. You can add to your Medisave account through deductions of your wage, this is similar to deductions in United Kingdom for national insurance and taxes. The third tier is called MediShield which is effectively an insurance scheme for patients. For any patient who is unable to fund their own healthcare at all, there is a MediFund available. In comparison, the NHS is generally a free service at the point of access, irrespective of the funding available for individual patients.
The Singapore government spends £548 (S$1040) per person on health expenditure whereas in the United Kingdom, £1967.09 (S$3735.50) is spent per person. This shows a significant difference in the expenditure however this does not take into account the Medisave and insurance expenditure.
I also noted that there is a large emphasis on public health interventions such as screening programmes. For example, similar to the UK there is a breast cancer and cervical screening programme. In order to tackle the increasing incidence of cardiovascular disease amongst others,

there are several campaigns such as 'Lose to Win' which promotes weight loss and provides incentives such as prizes.

What are the challenges of working in a different healthcare system and how can I overcome them?

Singapore is a multicultural island, with four official languages which include English, Malay, Mandarin and Tamil. Fortunately I speak Tamil fluently so this helped when speaking to particular patients. However in all other instances, there was often a language barrier particularly as many of the patients were elderly and did not speak any English. I would often have to ask other members of staff to translate. It did make the consultations challenging however this is a common occurrence irrespective of where you work.

An advantage that I noted during the ward rounds were that the doctors had ready access to a patient's lab results, drug chart, and vital observations amongst other details on a laptop that they brought around with them. This was much more efficient as decisions regarding management could be implemented immediately, for example any changes in medication. Furthermore I think the advent of electronic access will eliminate room for errors such as illegible handwriting in a drug chart that could result in patients being given incorrect medication.

In Hospital Kuala Lumpur, Malaysia, during the outpatient clinics they often had two doctors in one consulting room seeing two patients at the same time! Although this practice appeared to be routine, I was surprised at the lack of confidentiality or privacy for the patients. As explained above, patients were self conscious of the physical appearance of their symptoms, and I think a consultation in this setting is the wrong approach.

I am really fortunate to have the opportunity to do my elective in South East Asia and am grateful for all the doctors for their kindness.

It was a great chance to see infectious diseases which I did not really see much of in the United Kingdom, as a result I felt that my knowledge was below par in this subspecialty. However after seeing many patients on the ward, I feel more confident and I am more encouraged to do more research and study on infectious diseases.