

**Elective report**

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**What are the commonly seen diseases in Singapore?**

My placement was based in internal medicine which allowed me to see a variety of different presenting conditions from dengue fever, cellulitis, severe ischaemic peripheral vascular disease, diabetic ketoacidosis and end stage renal failure to rarely seen signs of infective endocarditis. However, the most common conditions/ comorbidities that most patients presented with were diabetes and hypertension. Many patients were on anti-diabetic medications even if that wasn't the reason why they were admitted to hospital.

From talking to staff and research, I gathered that the hospitals encounter many cases of pulmonary tuberculosis infection, colon cancer, dermatological conditions and infectious diseases. There are similarities between some of these conditions found commonly in Singapore and their prevalence in the UK. Especially in the East end of London, there are extremely high amount of cases of TB and diabetes also.

**What health provisions are available in Singapore compared to the UK?**

The healthcare system in Singapore is very well known for its efficiency and success. Healthcare in Singapore, like most countries, consists of a split between publicly funded and private care. The government enforces obligatory payments from Singapore citizens towards Central Providence Fund which pays into various schemes like Medisave. These payments are usually taken from a citizen's salary and are kept aside for when they may require healthcare in which case they can pick and choose the type of subsidy they want. In the event of illness, part of the healthcare required is funded by the government leaving Medisave to fund the remaining amount.

The care that can be obtained is categorised into A, B1, B2, and C. This split allows categorization of patients to specific types of ward accommodation based on salary and payment to the Medisave scheme.

Type A – includes own room, air conditioner, own bathroom, television and various other luxuries costing approximately \$350 a day.

Type B1 – includes a ward with 4 beds where all patients share bathroom and television facilities costing approximately \$200 a day.

Type B2 – includes a ward with 5-6 beds and shared bathroom facilities without air conditioning costing approximately \$130 a day.

Type C – includes a ward with 9 beds, no air conditioning and shared bathroom facilities costing approximately \$32 a day.

B2 and C categories are very popular and occupy a larger proportion of the subsidisation when compared to the more luxurious options however, patients can upgrade on their choice of accommodation depending on their financial contribution. Also, Medisave allows family members to use each other's funds if people run out of their own funds allowing them to continue receiving healthcare.

Primary care in Singapore is made up of various polyclinics and private medical clinics which are similar to general practice in the UK however, they are partly patient funded as and when they are used. Public services tend to be more affordable whereas private services cost the patients much more money. They provide care in the form of 'first port of call' services including vaccinations, follow ups and prescriptions for medications.

There are many differences between the health care system in Singapore and that of the UK. The NHS provides a set level of healthcare equally to all patients without taking into consideration their salary or any other specific obligatory payment schemes. Primary health care is also free in the UK irrespective of how often it is used by any one patient. The NHS is 100% funded by tax and the only payment that patients have to endure is that for their prescribed medication which is all sold at the same price of £7.85. Patients are still free to choose private healthcare however, those who choose public healthcare get treated equally in terms of the service they receive.

#### **Prevalent and interesting diseases in dermatology seen in Malaysia.**

During my time in Hospital Kuala Lumpur I was lucky enough to see many interesting dermatological conditions. Many of the patients seen in clinic suffered from severe plaque psoriasis. Although I have seen psoriasis in London, the patients in Malaysia suffered from very severe disease which was actually quite shocking to see. Some patients had huge amounts of their skin affected and explained the psychosocial aspects of suffering with such a condition that is hard to hide from people.

Leprosy was also quite commonly seen in Malaysia which I witnessed whilst in leprosy clinics. This was very interesting to see as I have not come across this disease in London before and therefore didn't know what to expect to see in patients suffering from it. The pigmented skin lesions were quite extensive and overwhelming to look at initially as I had not seen anything like it in the past.

I had the opportunity to witness many different and interesting dermatological conditions which I had only read about in the past but not actually seen in person. This posting was an excellent learning opportunity for me through the patients and the doctors who were very keen to teach about prevalent conditions in their country.

#### **Personal/ Professional development goals.**

I have thoroughly enjoyed my time here in Singapore and Malaysia both from a medical placement and general point of view. The teams I was assigned to were very helpful and welcoming to me which made the experience worthwhile. I had a chance to see certain presentations in 2 weeks which I hadn't seen in 5 years of medical school in London and therefore felt that I had a very fulfilling time on my elective.

The hospital experience had many similarities and differences from that in London. There were some difficulties whilst clerking patients due to the language barrier. Although most people could speak

English, there were a few patients who could not and so I could only communicate with those who knew the language. However, this was not a problem when communicating with staff who were very supportive. Also, I was told I had to wear a white coat on the ward which was very difficult because the wards were extremely hot and it became very uncomfortable wearing the coat but apparently their own medical students also have to wear white coats on the wards so the staff could recognise them.

One of the things I preferred on the wards in CGH was that there were no paper drug charts or observation charts unlike the UK. All the information was recorded online along with other details so it was much easier to make changes to logged data on the system rather than on paper which is always hard to find when required and also open to misinterpretation due to handwriting.

The posting in Singapore highlighted the importance of developing my skills to be able to deal with a variety of conditions which was very helpful as I am interested in pursuing a career in a similar field of internal medicine or GP. I feel I gained a breadth of knowledge which will help me improve my approach to dealing with similar cases.

Aside from the placements itself, I had the opportunity to explore Singapore and Malaysia and experience the fantastic food, shopping malls and various other sightseeing places which were also very interesting and made the entire trip an experience I will not be able to forget.

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