DERMATOLOGY

Elective Report

I carried out my elective in the dermatology department in Hospital kuala lumpur (HKL). This was one of the five main hospitals in the city and had a large Dermatology Department. The department was founded in 1969 and was expanded in 1989 to include phototherapy, infectious diseases and leprosy treatment. The department consisted of five consultants, fifteen registrars and ten house officers.

What are the most prevalent dermatological conditions in Kuala Lumpur and how do they differ from the UK?

The most prevalent conditions in Malaysia are similar to the prevalent conditions in UK. The most commonly encountered conditions during a general dermatology clinic were eczema, psoriasis and fungal infections. These conditions are also commonly seen in the clinics in England. The one major difference was in the prevalence of skin cancer. This is probably the most common condition I encountered on my placements while in England, where as in Malaysia I did not come across a single patient during my time there. On discussion with the Health Professionals I found out that despite the hot sun, skin cancer is rare in Malaysia. People in Malaysia spend their time avoiding the sun and spend most of their time indoors in air conditioned places and rarely enjoy sun bathing in contract to British population who love sun bathing.

Leprosy is a chronic infectious disease and still a public Health problem in Malaysia. HKL has two clinics a week dedicated to leprosy. In the recent years the prevalence of leprosy has decreased from 5.7 per 10.000 to 1.7 per 10,000 after the implementation of multiple drug therapy in 1985. It was interesting to sit in these clinics as I got a better understanding of the conditions and the different ways it can present. These clinics also highlight the struggle with compliance as you have to take multidrug therapy. Depending on the viral load, some patients had to take up to four drugs for three years. If they defaulted in the treatment, the whole regimen had to be re started. Even after the viral load had decreased, the patients had to be on surveillance for up to fifteen years. An important part of this clinic was also education patent about the disease transmission. I sometimes struggled to follow the clinics as they were all in Malay. The doctors were really helpful and explained everything afterwards and answered any questions I had. I can't help but feel if I went to an English speaking country I would have gained more especially at this stage of my training.

Describe the pattern of health provision in Malaysia compared to the UK?

The structure and format of health care delivered in Malaysia is very similar to the UK as it too is a developed country. they Malaysian healthcare system includes both a private and a state sector similar to UK. The state Healthcare system in implemented in government run hospitals and has low fees. The patients can register with 1 ringgit, which is equivalent to 20p or can be seen for free if they are a public servant or they are spouse or children of a public servant. It caters for the lower

socioeconomic groups although they had to pay for medication, procedures and hospital bed if they needed an overnight stay.

They do not have general practitioners but they have clinics in the community where the patients can be seen and referred to the hospital if needed.
In the hospital the clinics appeared to be running in a similar fashion to the UK but they were in fact quite different. Each room had a registrar, junior doctor, a nurse and a few medical student from Kuala Lumpur medical school. The registrar and the junior doctor were seeing a patient each in the same room. there was no confidentiality between the patients as they were sat a few inches apart. I was surprised to see this as I have never seen this in the UK and the patients did not mind discussing their sometimes personal problems with another patient in the room. It was normal for them. There was no alcohol gel or washing hands in between patients. They did have a high turnover of patients but this is not an excuse to neglect health and safety.
The wards were similar to the wards in the UK. They had a consultant led ward round everyday, which was mostly in English to benefit the students and the trainee doctors. The dermatology ward was in the old building so it was a bit run down but had all the necessary facilities.

To develop knowledge on the diagnosis and management of dermatological disease

The hospital had guidelines in place for management of different conditions. They also printed out the commonly prescribed drugs in dermatology with their doses for reference. Discussing this with the health professionals, she mentioned that doctors who go abroad for training particularly to the UK bring back their BNFs with them which is a useful tool but they don't have anything similar in their country.

Further my understanding of dermatology and develop my interpersonal skills while dealing with patients from different cultures and languages.

Malay being the main language in Malaysia presented me with a few challeneges. As I was in a government hospital, Most of the patients there from lower socioeconomic groups and as a result of that did not speak much English. This made it difficult for me to have a conversation with the patients or take a history myself. It always had to be through someone else. I would have gained a lot more from the experience if I could communicate freely with the patients. But it was a good experience none the less and one which will stay with me for a long time.

During my time there I was also able to do a bit of travelling around south East Asia, see the different islands. I was able to explore the culture and beauty of Malaysia. This was an unforgettable experience in one of the most beautiful countries.