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Elective Report: Obstetrics and Gynaecology

Objectives:

1. To understand the steps the Malaysian government has taken to provide healthcare to its population
2. To understand the prevalent acute and chronic conditions that present to hospitals in Malaysia and factors that contribute to these
3. To build on skills of team-working with colleagues and building rapport with patients with a different language and culture

I decided to undertake a placement at Sarawak General Hospital, Malaysia to gain more perspective of medicine in a different setting. While in an Obstetrics and Gynaecology placement I was impressed not by the differences, but particularly by the similarities between the healthcare system in Malaysia compared to the UK. Before starting the placement I was not sure what to expect, how the hospital would look or run and I only imagined a hospital system drastically different to the UK, which functions differently day to day. I was surprised to find that in fact not very much was different. There are daily ward rounds, regular teaching sessions including bedside teaching, weekly grand rounds, regular clinics - it essentially has the same set up in terms of day to day running, perhaps the most obvious difference being that students wore white coats! During my Obstetric and Gynaecology placement I was fortunate to gain better insight into the Malaysian healthcare system, experience life as a medical student and understand the work of the doctors in Sarawak General Hospital.

1. To understand the steps the Malaysian government has take to provide healthcare to its population

Malaysia operates on a two-tier healthcare system where a public, government-run service is provided universally in addition to private system where those who chose to can pay for private healthcare. Sarawak General Hospital is the largest hospital in the state of Sarawak, Malaysia and provides tertiary and specialist services to the majority of East Malaysia. The obstetric department differs considerably from its UK equivalent in that the labour ward is doctor led rather than midwife-led. There is approximately one doctor to two women, each with their own room. Further to this, women are only admitted in the active stage of labour. This allows for a rapid turn around time to accommodate the demand on their services, they then stay on the postnatal ward for a brief period of time. Similarly to the UK, complications can be dealt with in the room such as tears, with more complex complications such as severe post partum haemorrhage being dealt with in theatres. Members of the obstetric team are qualified to operate, and so it is not always necessary to wait for a gynaecologist. For example, a case described where a patient with severe postpartum haemorrhage may undergo a uterine artery embolisation by a consultant or registrar obstetrician, whereas in the UK these cases are dealt with by a gynaecologist. Health visitor services are also provided though with fewer follow up appointments and home visits as compared to the UK due to barriers such as the large size of the island, the large population and some mothers living quite a distance away. Mothers do have some support, e.g breast feeding, through the follow up appointments, though perhaps in the future this service may need re-evaluation to ensure accessibility to all mothers across the island; an idea suggested was travel clinics by student groups. This could involve government and/or charity funded outreach clinics where members of the multidisciplinary teams and volunteering services could travel to distant communities to provide antenatal as well as postnatal care for those less able to travel. This would also be a good medium to provide antenatal and postnatal education to those who do not have access to regular antenatal review clinics.

2. To understand the prevalent conditions that present to hospitals in Malaysia and factors that contribute to these

Prevalent conditions in Sarawak general mirrored those in UK hospitals. For example in a teaching session led by a professor, where a patient with bronchial carcinoma was discussed - the prevalence and

risk factors contributing to this were similar in both SGH and UK hospitals. Likewise while discussing cases in a student study session where other students attended the paediatrics ward round, they were also surprised to learn the most prevalent conditions on the ward were identical to those in the UK for this season, to include bronchiolitis, pneumonia and gastroenteritis. Specifically, in obstetric ward similar cases were seen as compared to a UK ward, these were mostly uncomplicated normal vaginal deliveries, monitored by a partograph, and intervention was provided if necessary.

However I did come across an unusual case in the labour ward during my placement, which I have not seen during my Obstetric placement in the UK. A lady who had a stillbirth, presented initially with a hypertensive crisis with pulmonary and peripheal oedema and was undergoing investigation. In terms of management, I was surprised to observe NICE guidelines were followed as I thought this was specific to the UK - it assured me that SGH was practising evidence based medicine.

3. To build on skills of team-working with colleagues and building rapport with patients with a different language and culture

Sarawak General Hospital is the largest hospital in Sarawak. Most doctors, nurses and other members of the multi disciplinary team speak English in addition to sarawak-Malay so are able to communicate well with their patients. This is also an advantage for me, as a student on this elective, as I was able to communicate with doctors, students and other members of the team and they were also able to translate languages and help me understand customs.

In conclusion, I would thoroughly recommend an elective in Obstetrics and Gynaecology, especially in Sarawak General hospital. I gained understanding of a different culture, I learned from experienced and motivated doctors and enjoyed this specialty in Sarawak General Hospital. I was able to appreciate how well developed this hospital is and how efficient they are in using resources taking into consideration their large population.