

SSC 5c Elective Report

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1. Consider the health provision in Malaysia and describe any similarities or differences compared to the UK.

My placement at Kuala Lumpur Hospital was in a government-funded hospital. The orthopaedic department was extremely busy and there was a constant influx of patients. I was in the newer, more refurbished part of the hospital. Due to the large numbers being treated the orthopaedic clinic rooms had two patients being seen simultaneously in the same room. Unlike the UK, where we have a computerized system for records, each patient would arrive with their own notes, including X-rays. Patient privacy was at times difficult to maintain with two consultations occurring at the same time. But I have to say this did not seem to concern the patients, as they appeared to be quite used to the concept. This side of the health provision.

When comparing the healthcare system in the UK to Malaysia, both have their public and private sectors. Unlike the NHS however, which is completely free at the point of service, Malaysia is only partly funded by the Government and the public pays for the remainder. This offers an affordable health care system for what appears to be the majority of the native population in Malaysia. The private healthcare sector is much more expensive and usually selected by Malaysians with very high earnings or internationals.

2. Discuss the pattern of disease commonly presenting to the orthopaedic department. How does this differ to the UK?

Joint disease pattern in the Malaysia, compared to the UK was similar in terms of degenerative joint disease. The main difference was the larger number of patients being treated after road traffic accidents.

The number of road traffic accidents in Malaysia has steadily increased as the country has grown in wealth and more people are able to afford cars. However the capacity of the road networks and traffic systems has not been able to expand at an equal rate. According to the Malaysian Institute of Road Safety (<http://www.miros.gov.my/web/guest/road>) the number of accidents increased from 162,491 to 462,423 between 1995 and 2012. This was evident in the orthopaedic clinic because a large number of patients were being treated following accidents.

This also changed the age profile of patients being treated, as it was typically the 'young man who had been in a motorbike accident' being seen.

The procedures being carried out by the surgeons were of similar standards to the UK. The Consultant I was attached to mainly specialised with internal and external fixation of joints following fractures and dislocations. These were interesting to see post-op in terms of their X-ray results.

3. Discuss the role of the multidisciplinary team in the Orthopaedic department.

Just like the UK, the role of different members in the multidisciplinary team was very much evident in the Orthopaedic department of Hospital KL. The large number of patients being seen required the team to work efficiently to see as many people as possible. The nurses were in charge of patients being seen and doing observations. They would advise the doctor about the next patient and instruct the patient where need be. So for example, if the patient needed to have an X-ray they were told where and how to get there by the nurse. At the end of the consultation, the nurse would be liable for the patient's notes. Just like the UK, there were also senior nurses who would be running their own consultations.

The physiotherapy department also worked very closely with the orthopaedics team. Patient's require rehabilitation services would be referred to the physiotherapists and they provided the appropriate level of care. Communications between the two departments was usually done via letters and once the patient had completed the course of treatment, they would be seen again by the orthopaedic team to see how effective it had been via X-rays.

I also had the unique opportunity to attend a video-link conference being held to discuss to developments in the field. This link was between the Malaysian department and the corresponding department in Singapore and Australia. This highlighted the importance of furthering research through collaborating with other countries. By sharing information by this means it allows the department to be ahead of developing new treatments, which will ultimately benefit the patient.

4. Describe any concerns or issues that arose from acting as a doctor in a different country.

A major obstacle when travelling abroad as a doctor is the language barrier. In Malaysia, the team of doctors spoke English, which made learning and understanding easy. However, as Hospital KL was a public hospital it meant many of the patients being treated only spoke the native language of Malay. On these occasions my supervising doctor would have to translate.

This highlighting the importance of doctor-patient communication and the role it plays on how I as a doctor can effectively treat the patient. On one occasion I was asked to do a lower limb examination on a young male patient, which involved measuring leg length. It was very clear that he did not understand my gestures and became extremely anxious. This was only relieved when my supervising doctor explained in Malay what I was about to do.

It is clear that language and communication are of utmost importance in treating patients. In a city as diverse as London, I expect I will experience this again and again during my medical profession.