I organised my medical elective at Loh Guan Lye Specialists Center (LSC) in Penang, Malaysia. LSC opened in 1975, and is a 273 bedded private hospital. It is located in the heart of Georgetown, Penang and provides comprehensive and quality healthcare services and facilities for the surrounding population as well as international patients.

I was given a number of medical specialities to follow at LSC but I chose paediatrics. A typical day consisted of a morning ward round of the admitted patients, followed by a morning and afternoon clinic. I saw a wide range of clinical pathology common amongst infants as well as a number of baby checks during my placement and was warmly welcomed by all members of the team. Being a private hospital, there were no junior doctors and the team consisted of the lead consultant and a variety of specialist nurses.

Ward Round - patients were placed in the nursery or the children's ward depending on age and the consultant would then make his way round. On a few occasions, he would not see all the admitted patients and would rely on the observations of the overnight nurses to form an appropriate treatment plan which I found rather alarming. I also noted that information technology in LCS was very advanced, with no use of paper notes during ward rounds. All consultation entries and prescriptions would be entered electronically and be automatically dated after the necessary patients had been seen. Therefore the majority of the ward round was spent at the ward based computer. If the consultant needed to see a patient again whilst updating notes, the child would be brought to him by a nurse often accompanied by their parent. This would not happen in the UK and it highlighted just how differently doctors are perceived in other cultures. In Malaysia, doctors are considered to know best and their actions are rarely ever questioned even if in our eyes they appear to be slightly inappropriate.

The ward nurses at LSC are highly trained and essentially carry out the ward jobs that F1 doctors commonly do in the UK. However, it was the consultant's responsibility to make sure he cannulated or performed venepuncture on all paediatric patients that required IV access or blood work. This differs significantly from the UK as consultants usually only perform these procedures on difficult patients and routine procedures are passed onto middle grade doctors

Clinic - after the ward round, the consultant would make his way to his clinic. He would be greeted by his clinic assistant and often have a number of patients waiting to be seen. These patients have usually opted to see that particular consultant as at LSC they can choose who they see. There are no appointments times in the hospital - patients come in to the hospital in the morning and are then seen on a first come serve basis. I was astonished by this but a member of staff informed me it was often the 'Malaysian' way to get a friend or relative to register for them early in the morning and then attend the clinic later themselves! This informal system usually results in the consultant's timetable being quite erratic with large gaps followed by a surge in consultations.

The clinic itself was very similar to the UK - patients or in my case the parents/grandparents would give their history and the child examined, and then the consultant would suggest the appropriate investigations and/or treatments. The main difficulty for me was the language barrier. Most

consultations were in either Malay or Chinese meaning that I could not understand exactly what was being said and would rely on the notes the consultant was typing alongside body language to understand the presentation. Fortunately for me, some patients spoke in English so I was able to understand the whole process. I found the relationship that the hospital consultant had with his patients very similar to that of a GP; it was clear to see that the consultant had built a relationship with the family from the birth of the child. Parents in the consultation always appeared to be at ease and communicate comfortably with the doctor expressing all their concerns.

The top two causes of death in Malaysia are the same as the UK - coronary heart disease and stroke. This is understandable as these are very common pathologies seen worldwide. However, there are other causes of death amongst the top 10 which appear to be specific to south East Asia e.g.TB. HIV/AIDS also features 5th in top causes of death which is very different in comparison to the UK. In terms of paediatric pathology, common complaints were very similar to the UK. Most cases were viral illnesses or common paediatric infections such as hand, foot and mouth. The astonishing thing was the rapidness at which patients would have a procedure such as venepuncture if they needed it. They would come in with a complaint and then have the procedure within an hour or so in the A&E department. In the UK this would often involve an additional appointment or a trip to the GP but I suspect this difference is mainly due to the private/government healthcare divide.

Malaysia has a dual healthcare system. Healthcare is divided into private and public sectors. Malaysian society places importance on the expansion and development of healthcare, putting 5% of the government social sector development budget into public healthcare — an increase of more than 47% over the previous figure. This has meant an overall increase of more than 2 billion RM. With a rising and aging population, the Government wishes to improve in many areas including the refurbishment of existing hospitals, building and equipping new hospitals, expansion of the number of polyclinics, and improvements in training and expansion of telehealth.