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SSC 5c - Elective Report

1) Describe the similarities and differences between the health care service in the United Kingdom and Malaysia.

During my elective period, I shadowed a physician at Kuala Lumpur Hospital in Malaysia. It proved to be an eye opening experience and one that I gained tremendous amounts of experience and medical confidence in.

Kuala Lumpur hospital is a government funded hospital in the capital of Malaysia that it largely and freely accessible to all members of the public, however there is an initial administration charge when signing up to the health service of two ringgits which equates to about forty pence. After this initial fee, there are no further payments required and the general concept of the free health care service was very similar to the NHS in England.

While I was in KL, the hospital was under construction but despite this, there were fewer cordoned off areas than I would have expected.

A major difference in the approach to health care in the UK and Malaysia is the vast amount of patients that require attention on a daily basis. Clinics run every single day, twice a day on most days. These clinics are intermingled with specialist clinics such as Lupus clinics also.

The healthcare system also caters for private patients, however these patient are often treated at a different hospital entirely unlike in the UK where hospitals may just have an additional private wing. Like in the UK, the private healthcare offered to higher earners is pricey and not for the majority.

To conclude, there are stark differences and similarities between the health care system in the UK and Malaysia.

2) Describe the how the doctor patient relationship in Malaysia differs from the doctor patient relationship in the UK.

Clinical consultations would typically last 5 minutes and all of the patient issues were addressed. I was fascinated by the trust placed in doctors by patients in Malaysia. It felt like an entirely difference sort of doctor patient relationship I had experienced in the past. The patients seemed to accept what the doctor was advising them and generally taking bad news relatively well. Maybe through having a faith system implemented in to the law and everyday life helped these patients to be more readily understanding of diagnoses due to the belief that it is in "God's will". Surely a divine order leading to the development of a fatal disease is more easier to comprehend than dealing with the "why me?" approach. Conversely, I found that being a doctor in Malaysia came with it, as it does to a degree in England, a status level. With this status level of establishment and learnedness, it is possible faith was placed in to doctors because of cultural standards of status.

My time spent in clinics meant that I was able to really appreciate the dynamics of the health care system and its organisation at a patient level. I found that due to room shortages, there would be two consultations occurring in the same room with the patient sitting back to back. Shockingly, it seemed to work and patients did not express any concern about confidentiality or embarrassment. The turnover of patients was high and I feel patients were less demanding and more accepting of what the doctor would suggest. While I feel this creates a doctor patient relationship with ease, it may place an over reliance on doctors and an assumption that all they do is right.

3) Discuss briefly a patient I clerked, their condition and how I overcame language barriers.

During my time on the wards, I was able to speak to a number of patients. One patient that will stick with me is a middle-aged lady who had surprisingly been referred from a private hospital back to a state hospital due to her uncontrolled pemphigus vulgaris. Pemphigus vulgaris is a potentially life threatening blistering condition that is often intensely painful. Blisters can also develop in mucous membranes making it difficult to eat. Treatment is usually by immunosuppressants.

The language barrier while clerking this particular patient was not too troublesome as she spoke reasonably well English. However, this is not the case with most Malaysian patients. The first language of Malaysia is Malay and while English is taught as a second language, many only have a limited vocabulary. During times of difficulty in communicating with the patients who exclusively spoke Malay or very limited English, I was able to ask the junior doctor for help. They were very helpful and happy to assist me.

4) Reflect on what I learnt during the hospital placement in Malaysia.

During my time on elective, I took a great deal of clinical knowledge in Dermatology away that I hope to find useful. The one on one teaching sessions given by Dr. Azura who was the consultant dermatologist at Kuala Lumpur Hospital gave me an excellent tutorial on the various types of blistering skin conditions and how they differed on a pathophysiological level.

Additionally, I was given the great opportunity to sit in on an exclusive clinic designed solely to address leprosy. There are patients in Malaysia who still suffer from leprosy and it was interesting to have the opportunity to see how it affects people. I also was able to feel a nodular swelling behind the elbow.

I was impressed by the advancement of medical treatment as most patients were well-controlled and showed very little physical deformity. This highlights the importance of research in the eradication of treatable diseases.