Elective Report

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Having had the opportunity to carry out my elective in two different countries has been an amazing and unforgettable experience. I initially started off with a placement in Kuala Lumpur Hospital, Malaysia in Anaesthetics and then went on to do a Radiology rotation in Hillcrest Hospital, San Diego.

During my placement in Kuala Lumpur, I was able to familiarise myself with the Malaysian healthcare system and this allowed me to compare and contrast practices in the United Kingdom (UK) with that in Malaysia. My time spent in the hospital was very rewarding as I was able to learn more about Anaesthetics and intensive care. During my time there, I was able to appreciate the differences in disease patterns in comparison to the UK. Tropical infectious diseases are far more common in Malaysia and the recent rise in the number of cases of Dengue Fever meant that I was able to see the management of this condition in the ICU settings. In terms of medical care, there were many similarities with practices in the UK however, there were many differences as well. Similarities included the use of the World Health Organisation (WHO) surgical safety check list before and after every operation to minimise common and avoidable mistakes. Furthermore, the equipment used within the hospital was very similar to that which is used in London. Major differences included the use of reusable surgical gowns and caps within the operating theatres, and also the use of electronic recording devices on the Anaesthesia machines which meant that values on the monitors did not need to be recorded every 5 or 10 minutes during surgery. One interesting difference was the role of the "Assistant Medical Officers" who are trained individuals able to carry out procedures, such as suturing, venepuncture and catheterisation to help clinicians and to improve the efficiency of emergency care. This is something that I feel the UK would benefit from, as not only does it save overworked junior doctors' time, it also means that the procedures are carried out by experienced individuals, resulting in better outcomes and fewer complications.

I was surprised to discover that the healthcare system is very similar to the UK – there is a state run universal healthcare system, not dissimilar to the National Health System (NHS) as well as a co-existing private healthcare system. Medical care is provided at very minimal costs to citizens, although visitors must pay larger sums if they require medical care. The medical education system is also set up in a similar way and newly graduated doctors are required to perform two years of work as house officers within hospitals before applying for specialty training. Medical training in the United States (US) is very different to that in the UK. Firstly, all medical training is postgraduate and graduates are all students must take national exams during their training. Post-university training, also called internship and residency, can take a minimum of three years, but in general the training is far shorter than in the UK.

During my time in the hospital, it became very clear that much more teaching is available for trainees in US hospitals – for example there is a dedicated one hour teaching conference every day for all Radiology residents on various topics. This is in contrast to the one or two hours of weekly teaching time provided to junior doctors in the UK.

Having not had much dedicated teaching time in Radiology during my Medical School training, this was a fantastic experience to learn more in this vast topic and also to familiarise myself further with the American health system in one of the most beautiful cities in the US.

I was able to appreciate the differences in practice between the US and the UK, notably the greater use of imaging in day to day practice and the much greater practice of defensive medicine. For example, patients within the Intensive Care Unit (ICU) of the hospital had daily chest radiographs taken to evaluate for changes, regardless of changes in their clinical status. Many patients had two chest radiographs taken within a short period of time (sometimes as little as 2 hours) and often it is to ensure nothing had been overlooked. Furthermore, in comparison with the UK much less clinical information is provided to Radiologists on request forms and clinicians do not discuss cases with the Radiologists as often. It was interesting to see the use of low dose chest CT for screening of lung cancer as this is not available in the UK at present.

The overall private nature of healthcare in the US has resulted in some 20% of Americans being uninsured, meaning that they would have to pay large sums of money if they needed medical attention. Medical bills are also the leading cause of personal bankruptcy in the US (Marsden, 2006). Some of these people are eligible for Medicaid, government insurance for those with low incomes or Medicare, government insurance for those over 65 years of age. On the other hand, waiting times in the US are generally far shorter than in the UK and patients who are insured have access to newer, more expensive medications and diagnostic techniques which may not be as readily available in the UK.

Similar to the UK, documentation plays a large role in the day to day lives of doctors and all the medical and surgical notes of the patients are available on the hospital "Epic" system. The advantages of this system include the ability for doctors to check patient information remotely from their own personal computers which would not be possible in the UK. Furthermore, everyone in contact with the patient is able to access their records in a timely and efficient manner.

The role of the General Practitioner (GP) or Family Doctor is far less clear in the US. Indeed, it appears that for many patients there is no centralised point of care and thus many patients are lost in the system. This was especially the case for patients who were homeless or unaware of the services available to them. I was able to really appreciate the importance of

having a GP to organise care and co-ordinate appointments with various specialists.

During my time at the hospital, I was able to become involved in a project related to Immune Reconstitution Inflammatory Syndrome (IRIS) secondary to the use of antiretroviral medication in HIV infected patients. Carrying out this project provided me with the opportunity to learn more about this phenomenon whilst also exploring the literature around this fascinating subject.

The training and teaching provided to me during my Radiology rotation will be of great benefit in my future career and I have noticed improvements in my ability to recognise various radiological features. I have also learnt how to read images in a systematic way so that important findings are not missed and also the significance of comparing images with previous ones to account for inter-person variability and to better see changes in recognised abnormalities. I have also become more accustomed to using and understanding radiological nomenclature which seemed much more daunting previously.

My elective has allowed me to experience the healthcare systems both in Malaysia and the US. During the past few weeks I have learnt a lot about the two countries, both in terms of their medical system but also in terms of their culture. The most unexpected part of the trip was the fact that the UK system was much more similar to the Malaysian system than the US system and learning about the advantages and disadvantages of private health care.

References

Marsden, J. S. (2006). An insider's view of the American and UK medical systems. British Journal of General Practice. 56(522): 60–62.