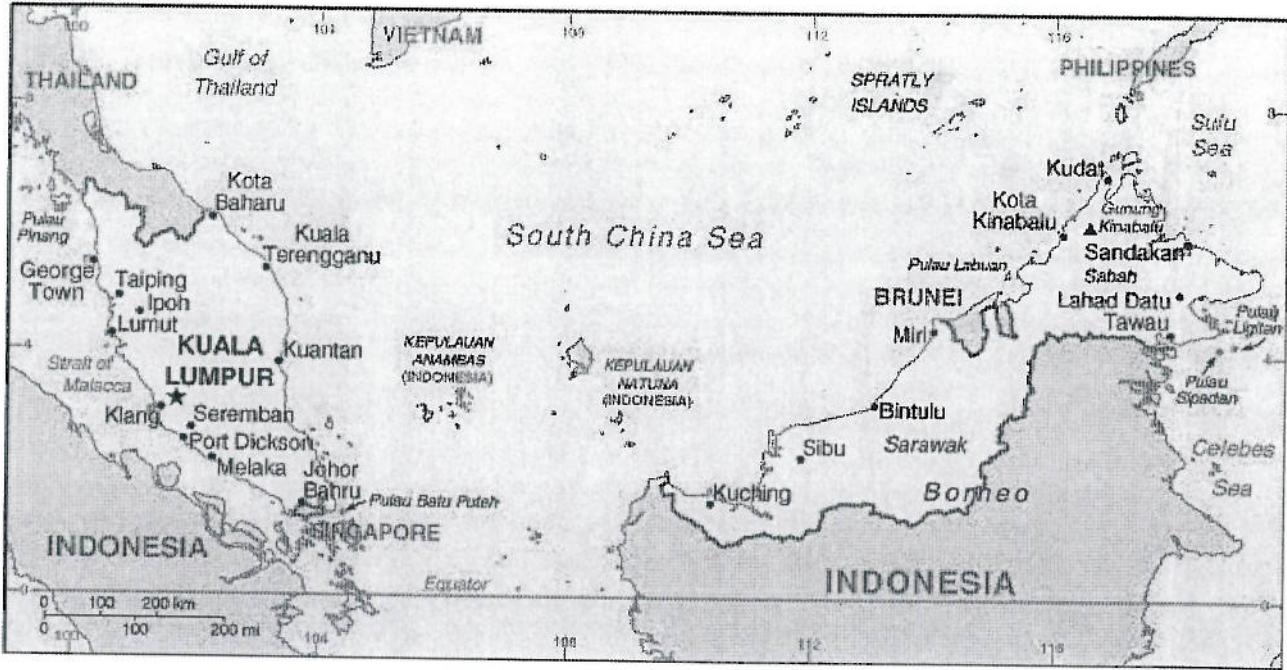


Elective report – Sarawak, Malaysia



Map of Malaysia

**Statistics**

Total population	27,468,000
Gross national income per capita (PPP international \$)	13,740
Life expectancy at birth m/f (years)	71/76
Probability of dying under five (per 1 000 live births)	6
Probability of dying between 15 and 60 years m/f (per 1 000 population)	175/95
Total expenditure on health per capita (Intl \$, 2009)	677
Total expenditure on health as % of GDP (2009)	4.8

**“1. Describe the pattern of disease/illness of interest in the population with which you have worked and discuss this in the context of global health.”**

**What are the most prevalent conditions in Sarawak, Malaysia? How do they differ from the UK?**

Infectious disease is much more prevalent in Sarawak, Malaysia, However, rapid socio-economic development has led to a reduction of this form of disease (although sporadic outbreaks do occur e.g. a recent hand, foot and mouth outbreak.) There is a much greater prevalence of communicable disease in Malaysia in comparison to the UK. There are 762 deaths per 100,000 people in Malaysia as a result of communicable disease whereas there are only 36 deaths per 100,000 in the UK. Important communicable diseases present in Malaysia include infectious and parasitic diseases (malaria, leptospirosis), tuberculosis, HIV/AIDs and diarrhoeal disease. Deaths from lower respiratory tract infections are almost three times higher In Malaysia also.

Non communicable diseases have a somewhat similar death rate per 100,000 in the UK and Malaysia (400 and 526 respectively.) Diabetes has a death rate of nearly four times as high in Malaysia (19 deaths/100,000 compared with 5/100,000 in the UK.)

Cardiovascular disease is a burden on both countries – although, more so in Malaysia. Of these, ischemic heart disease and cerebrovascular disease make up the majority of the pathology in both countries.

Respiratory disease is very similar to the UK with COPD and Asthma being the two major conditions. Interestingly, COPD rates are greater in Malaysia (possibly due to higher numbers of smokers.) Most of other non-communicable disease rates are much the same between both countries.

Unintentional injuries have a much higher prevalence in Malaysia with road traffic accidents accounting for much of this. This could possibly be due to higher numbers of motorcyclists.

Reasons for visiting a general practitioner are much the same as the UK with the top 10 conditions all being prevalent in both Malaysia and the UK (see table 1)

Reason for visit	Number of patients
1. Upper respiratory tract infection (URTI)	6867
2. Soft tissue disorder	2033
3. Hypertension	1873
4. Dermatitis, eczema	1473
5. Acute gastroenteritis	1432
6. Diabetes mellitus	987
7. Medical checkup	825
8. Immunisation	681
9. Hyperlipidaemia	570
10. Fever	493

Table 1. Top 10 reasons for Malaysian Primary Care Visits (National Medical Care Survey 2010)

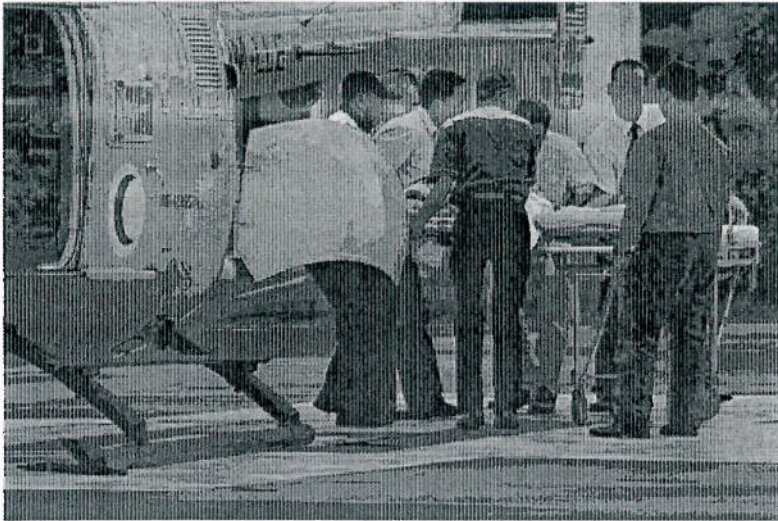
	Malaysia	United Kingdom
WHO Country code	3236	4308
<i>Population ('000)</i>	27,014	61,231
<b>Cause of death</b>		
<b>All Causes</b>	<b>762.4</b>	<b>462.1</b>
<b><i>Communicable conditions</i></b>	<b>185.3</b>	<b>36.1</b>
Infectious and parasitic diseases	114.5	6.7
Tuberculosis	17.8	0.4
HIV/AIDS (f)	23.1	0.4
Diarrhoeal diseases	1.4	1.9
Lower respiratory infections	65.1	23.7
<b><i>Noncommunicable diseases</i></b>	<b>526.0</b>	<b>400.5</b>
<b>Malignant neoplasms</b>	<b>103.2</b>	<b>137.0</b>
Mouth and oropharynx cancers	7.7	2.4
Oesophagus cancer	2.2	7.6
Stomach cancer	8.4	4.8
Pancreas cancer	2.3	6.8
Trachea, bronchus, lung cancers	17.9	31.0
Breast cancer	7.9	12.9
Prostate cancer	3.2	8.2
<b>Diabetes mellitus</b>	<b>19.0</b>	<b>5.0</b>
<b>Cardiovascular diseases</b>	<b>263.3</b>	<b>141.7</b>

Hypertensive heart disease	7.6	3.7
Ischaemic heart disease	138.7	68.8
Cerebrovascular disease	75.8	36.9
<b>Respiratory diseases</b>	<b>58.7</b>	<b>34.4</b>
Chronic obstructive pulmonary disease	19.1	21.5
Asthma	5.3	1.1
<b>Digestive diseases</b>	<b>30.9</b>	<b>26.7</b>
Peptic ulcer disease	3.5	2.5
Cirrhosis of the liver	2.4	9.5
<b>Injuries</b>	<b>51.1</b>	<b>25.5</b>
Unintentional injuries	48.0	17.4
Road traffic accidents	34.5	4.8

*Table 2. Burden of disease – death rates per 100,000 (WHO 2008)*

**"2. Describe the pattern of health provision in relation to the country in which you have worked and contrast this with other countries, or with the UK."**

**How is the health service delivered in Sarawak, Malaysia? How does it differ from the UK?**



*Flying helicopter service*

The organisation of healthcare in Sarawak, Malaysia mirrors the UK in many ways. The static healthcare delivery (hospitals, family doctors) is much the same – someone sees their family doctor and if the pathology is deemed severe enough, they will be referred to specialist clinics. There are also 187 rural health clinics. These include basic medical assessment and management along with maternal and childcare services. These static units cover about 70% of the population of Sarawak.

There are also mobile units. These include units such as the Village Health Teams and the Flying Doctor Service. This provides healthcare to residents in less accessible areas. These teams can move by road, river, foot or by helicopter. These mobile units allow healthcare access for up to 90% of the population.

### **3. Improve confidence in performing basic practical skills e.g. cardiovascular examination, venepuncture**

I was able to perform various clinical examinations and practical procedures on patients throughout my placement. This included taking a thorough history – although, this proved difficult with many patients as although they spoke English, it was not their primary language and so they often did not understand what I was asking and also they were not able to communicate their thoughts as well as they would have liked. This was a valuable learning experience as I am sure to meet many patients in my career whose primary language is not English and my practice here will have proved invaluable. I was then able to do various clinical examinations on them and I was able to identify some clinical signs such as irregular heartbeats and murmurs.

### **4. Learn to work in an MDT in an unfamiliar environment to prepare for my FY1 job**

This was sometimes difficult as the team was busy and I could only do tasks that a student would normally do anyway e.g. clerking patients. I did however see lots of examples of teamworking during ward rounds where the doctors would communicate patient details between each other and also ask the nurse for her opinions. Furthermore, while observing clinics, there was teamworking involved between the various healthcare professionals.