

Elective report

1. Describe the pattern of tropical diseases in Malaysia and discuss the global health implications of these.

The major infectious diseases likely to be encountered in Malaysia can be divided into the following categories: either food or water-borne diseases or vector-borne diseases. Those acquired through eating or drinking are namely Hepatitis A, hepatitis E and typhoid fever. Hepatitis A is a viral disease which is spread through contamination of food or water with faecal matter. A vaccine to protect against this infection is available. Hepatitis E is also a viral infection which is acquired through contaminated drinking water. Typhoid fever, on the other hand, is a bacterial infection which is transmitted through eating/drinking food and water which has been contaminated with faecal matter or sewage. If left untreated, mortality rates can be as high as 20%.

Vector-borne infections common in Malaysia are Malaria, Dengue fever, yellow fever, Japanese encephalitis and cutaneous leishmaniasis. Malaria is seen infrequently in hospitals; however, dengue fever which is also a mosquito-borne viral disease is encountered more commonly.

These infectious diseases are a major problem especially in low income populations leading to death, morbidity and hence a disadvantaged quality of life. Less attention and funding is given to tropical diseases compared to more commonly talked-about diseases such as HIV, tuberculosis and malaria; resulting in these conditions to remain endemic in poor-income countries.

2. Describe the pattern of health services provision in Malaysia and compare this to that provided by the NHS.

Malaysia generally has a very efficient healthcare system that consists of the government-run segment and also a co-existing private system. Since Malaysia gained independence in 1957, the healthcare system has undergone major transformations and now implements a universal system. Doctors are required to complete 3 years of service at public hospitals to ensure there is adequate provision of services for the general population. Although the ministry of health ensures readily available services nationwide, there are still problems with access to healthcare in remote areas.

3. To gain insight into and experience of tropical diseases that may not be present in the UK.

One of the most commonly seen tropical diseases in Malaysia is dengue fever. I saw a couple of patients with this infectious disease when I was on placement. As well as a characteristic rash, sufferers can also present with headache, fever and joint and muscle pains. Dengue virus is transmitted via several species of the Aedes mosquitoes. Patients with this infection get treated supportively with intravenous fluids. One complication of this infection is the development of dengue hemorrhagic fever which results in low platelet counts and bleeding. These patients require blood transfusions. Whilst on placement I also saw a patient with tuberculous meningitis. Signs of meningism can be absent in a fifth of patients with TB meningitis.

4. To reflect on my experiences and to further develop my medical knowledge and confidence.

The experiences I gained on my placement in Malaysia with regards to examining patients and discussing management plans with the team, have complemented my hard work of revising for finals. I feel that I now have the appropriate level of both clinical knowledge and clinical skills to go on and perform well as an F1 doctor. During elective I was based on a general medical ward and therefore didn't get to re-familiarise myself with the management of surgical patients. I feel that this area is something that I need to work on in order to polish my surgical knowledge. Overall, however, the elective period has certainly complemented what I have learnt and practiced in the last 5 years at medical school. I look forward to broadening my clinical competencies during the preparation for practice weeks and after that the Foundation years.