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MILITARY
MEDICINE

British Army Elective - Brunei

Medical Reception Station, Brunei Garrison, BFPO11

Brunei Darussalam is a small Islamic Sultanate with an estimated population of 400,000; it is located on the north western coast of Borneo bordered by the Malaysian state of Sarawak and the South China Sea. Covering an area of just 5765 Sq Km it is roughly 1/42 the size of the UK and is mainly jungle, with approximately 70% of the country covered by rain forest.

Hydrocarbons form the back bone of Brunei's economy, accounting for 70% of its 20.38 Billion dollar GDP; giving Brunei the 8th highest GDP per capita in the world. This has allowed the Government/Sultan to supply health care for all citizens with just a fee of 1 Brunei dollar (US\$ 0.80) per visit; this includes dental care, specialized health and medical treatments, operations and consultation with doctors. The World Health Organization (WHO), estimates that Brunei Darussalam has 400 physician and 2120 nurses in its two private and four state-run hospitals, and that these have a total of 1222 beds. The health system in Brunei also includes 15 medical centers, 26 health clinics, 22 maternal and child health clinics and seven travelling clinics. WHO ranked the sultanate 40th of 190 countries in the global survey of health services; this is compared to the UK's ranking of 18th.

The British Army is present here at the request of His Majesty, The Sultan of Brunei. And it is widely understood that the Gurkhas' presence reflects his family's gratitude for the protection they provided during a rebellion in 1962. British Forces Brunei are located in the south west area of Brunei in the Belait District, located just outside the town of Seria. They are spread over four sites: Sittang Camp (jungle training facility), Scout Base (7Ft AAC Helicopter Base), Medicina Lines (Support Services) and Tuger Lines (British Forces Brunei Head Quarters and the Resident Gurkha Unit).

The Medical Reception Station (MRS) supplies medical support to these personnel; its current mission statement is "to deliver a safe and effective primary healthcare service to Brunei garrison in support of the garrison commanders' mission in offer to enhance and sustain the operational effectiveness of the British Army."

With my placement at the Medical Reception Station (MRS), the patients I saw were not of the local population but of the 2RGR (Ghurkha Regiment), Training Team Brunei (TTB), 7th Flt, and the supporting staff, both military and civilian, along with all family members and dependents. The MRS consists of 4 Doctors, 8 Nurses, 8 Combat Medics, 2 Healthcare professionals, 2 Midwives, 2 physiotherapist, 3 translators, a dental services and support/admin staff. Along with consultation rooms the MRS is also equipped with an emergency room, which has the normal resuscitation equipment, fluids and drugs.

The MRS does not have a laboratory to run test, so it utilizes the local private hospital for all laboratory tests, and if there is a medical problem that requires specialist assistance the initial referral is to the local Brunei government RIPAS hospital, although aeromedical evacuation to Singapore and the UK is available.

As the population is mainly British Army personnel the number of patients fluctuates due to deployment. A recent practice population breakdown showed a total population of 2577, which is broken down into 1050 Armed Forces personnel (1045 British Army, 3 Royal Navy/Royal Marines, 2 RAF), 1372 total Armed Forces dependants (829 are under 12) and 155 other civilians (56 are under 12).

Having a total of 2577 patients would be classified as a fairly small GP practice if compared to the average GP size of 8,712 patients per practice in the UK, and with 4 doctors this provides a doctor-patient ratio of 1:644. The UK has approximately one GP for every 1600 patients although the figures per practice range dramatically. Also, this figure does not include access to hospital doctors; this would change the doctor-patient ratio to one doctor for every 455 members of the public.

The fact that would be most striking to any healthcare professional coming to work in the MRS is the age of the population. In England 26% of all patients registered to a GP in 2011 were over the age of 55. However, at MRS Brunei that figure is less than 1.6%: the two oldest patients are 66 and do not take regular medications. This young population means that the pattern of disease seen is very different to the UK, as a lot of the chronic conditions seen in later life are a rare occurrence. Also, the activity levels that military personnel experience also leads to a healthier life, which is obvious when looking at obesity rates (BMI 30+); just 5.8% of patients have BMI greater than 30, which is around a quarter of the UK's 23%. With this large reduction in obesity rate comes a reduction in other condition such as diabetes mellitus II and hypertension. Medical records indicate that there are only six type-2 diabetics in the entire patient population (less than 1%); just 2% have hypertension. These figures must be due to combined influence of a young and active population. With that in mind, it could be easy to assume that there would not be a large demand for healthcare services, but due to the nature of the job and Brunei's environment there is never a shortage of musculoskeletal and dermatological issues.

These factors could explain the high consultation rate at the MRS. In the UK in 2008 patients had an average of 5.5 primary care consultations; this contrasts with an average of 13.9 per year at the MRS, which is difficult to explain when considering the population's demographics and the general absence of chronic disease. It could be due to a combination of factors including cultural factors relating to the Gurkhas and their families, or the environment of Brunei where there is a lack of a family support network and no NHS facilities such as a Walk-In centre or NHS Direct.

The true cause of this high consultation rate is unknown but it is my opinion that it is due to the ease of access; the MRS takes pride in the fact that you can be seen very quickly, and even without a true walk-in service, it is normally possible to be seen within hours during working hours and have instant access to an on call nurse and doctor at other times. It is this lack of waiting times, and almost unlimited and instant access to healthcare services, that allows people to come in for all manner of minor issues and often as soon as the issue presents; this leads to the high rate of use of the MRS. This could be a problem if mirrored in the NHS if it lives up to the promise of supplying easier and faster access to medical services.

Overall, my time spent in Brunei has been invaluable; while my only experience of the local health

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services has been a tour of the local hospital, my understanding of the doctor's role in the Army has improved. I have also been surprisingly fascinated with the ethical issues surrounding a military doctor: as always, you have a duty of care to your patient, but as you work with service personnel you are also an occupational health provider and therefore must consider the needs of the army. This means you need to inform senior personnel about the fitness of the men and women under their command. Therefore, providing the gold standard of care to your patient could mean the end of a person's career: an interesting prospect.