

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I was fortunate to be able to complete my elective placement with the Radiology and General Medicine departments in Hospital Kuala Lumpur (HKL), one of the largest state-owned tertiary centers in Malaysia. As my time in medical school draws to a close, I wanted to choose a placement in which I would be able to apply and utilise the knowledge base I have built over the past 6 years whilst gaining further practical experience and building on my existing understanding. For this reason, I chose to divide my placement between General Medicine whereby I would be exposed to a wide variety of clinical cases to apply my knowledge; and Radiology where I would have the opportunity to develop my diagnostic skills in imaging (something I feel I have lacked as a student).

Before leaving, I had set myself the following four objectives, which I hope to address in one way or another in my report:

1. Describe the provision of health care in Malaysia and discuss the development of/ influences on this system.
2. Describe the changing burden of disease facing the population of Malaysia and how this impacts their evolving health care system.
3. Describe a public health promotion program in Malaysia that is designed to deal with the increasing prevalence of non-communicable diseases and their risk factors, which may contribute largely towards general medical presentations.
4. Use this time to apply and further my knowledge- building and consolidating my understanding of not only medicine but also a health system, which provides for both the public and private sector in a global health context.

It was extremely comforting to realise on arrival that the large majority of clinical communications were done in English. After the initial relief subsided, I began to ask how the doctors managed to speak clinically in English, to each other in Malay and to patients in Malay, Hindi, Chinese or even Tamil. One doctor explained that the structure of medical education is actually similar to that of the UK and is taught entirely in English- perhaps a remnant of British colonization. In reference to the other languages spoken on the ward, she explained that medical knowledge is useless if you are unable to apply it and when you can not communicate with your patients, your work is somewhat redundant. Her attitude was heartwarming as it reminds me as a fresh graduate who has focused so much on clinical knowledge these past few months that patients should remain the center of care. I came to rely so heavily on other forms of communication besides speaking when interacting with patients (something Barts had prepared me well for). The multi-lingual functioning of the hospital reflects the diversity of the Malaysian community that the staff of HKL embraces so well.

The organisation of healthcare provision in Malaysia is similar in many ways to that of the UK. There is a presence of both public and private health care providers in Malaysia but in a similar fashion to the UK, the majority of healthcare is accessed through state-owned, government hospitals and clinics under a universal healthcare system. There are however, two interesting differences between the UK NHS and Malaysian healthcare system. The first being the attendance fee levied to patients on initial

presentation. A proposed pay-per-use fee is something which has been massively criticized in the UK, largely due to the fact that it undermines one of the founding principles of the NHS- that healthcare be free at the point of use so as to reduce the financial burden of health. In Malaysia, an equivalent of £1 is paid to the hospital when a patient first presents which may be considered affordable for most, may be related to my next point. Unlike the UK, there is little division between primary and secondary care with hospitals Accident and Emergency departments often becoming the first port of call for many patients.

I was able to see that the 'burden of disease' in the day to day running of HKL was two-fold- most emergencies present as a result of a motor vehicle accident or with a complication (usually infective) of an underlying disease. Contrary to what I believed before departing for my elective, the burden of disease in Malaysia remains with infectious disease and accidental injuries and as such, the focus of healthcare needs concentrates more on curative than preventative medicine. It was clear however that non-communicable diseases contributed to or complicated a large majority of the cases within the hospital, however, at least from what I was exposed to, there was very little being done in the way of preventative medicine. Patients often present very late with complications of illnesses such as ischaemic heart disease, which have been proven to be largely preventable. This clearly further complicates their recovery. Without the proper infrastructure, public health interventions to prevent these illnesses progressing so far will remain a major challenge for the country. That is not to say that the teams at HKL do not deliver an extremely high standard of care but more that they are limited by their facilities and the organisation in which they work.

As I arrived at the hospital, I was struck by the way the exterior and interior of the hospital seemed so out of sync. On first impression, the hospital seems very modern and similar to one you might see in the UK. However, as I entered the Radiology department building, it was clear that my first impression was disjointed from the reality. I was surprised to see that the space, equipment and organisation of the department lagged 20 or so years behind the UK. I noted differences on a more practical level- by this I mean to refer to the facilities used in daily practice. In the Radiology department in particular, the use of radiographs and hand written reports for imaging were a novelty for a budding radiologist. The move towards computerised systems in Radiology in the NHS has meant that I have had little to no exposure to the traditional and perhaps out-dated use of films when interpreting images. Personally I found it more challenging. There was no zoom button and no way to alter lighting. The image is as it has been developed on the film and that was all you had to work with. Partially related to the technology gap was the use of hand-written reports with transfer paper so that two copies could be made. My first instinct was that this was more time consuming and perhaps more open to mistakes but in fact, the exact opposite was true. I can confidently say that every single report completed was detailed and yet succinct with all relevant clinical information provided. In addition, and quite surprisingly, the number of reports completed was in line with (if not exceeded) what I have seen with Radiology departments in the UK. Despite the overwhelming load of films to be reported, the radiologists never seemed to wane in their concentration nor their ability to focus on the case at hand. I can't pin down exactly why it was, but the gentle and consistently upbeat manner of the teams I worked with (regardless of the day of the week or the amount of work they had to do) is something that I hope to adopt as I begin work in a few months.

I can say without reservation that my time in HKL was both enjoyable and informative. Although I intended to use this time to consolidate and further my clinical knowledge, the lessons I have learnt and that will most definitely stay with me for the entirety of my career have been personal. The

teams at HKL were role models in both their clinical practice and their commitment to patients. Honestly, I can't recommend it enough.