

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**Contrasting my experience from attending my dermatology placement in the UK and that here in Malaysia, I was somewhat surprised to find that conditions such as eczema and psoriasis presented just as commonly in a routine clinic. The facilities available and treatment options were also of a similar standard to that available in the UK. Of course, as I was based at Hospital Kuala Lumpur, which is one of the leading centres in the country, this may not be representative of services available throughout Malaysia particularly as it is a tertiary referral centre.**

**Regarding the provision of healthcare in Malaysia, there is a state healthcare system similar to the National Health Service, where Malaysian nationals pay a nominal registration fee equivalent to 20 pence to access services, with non-nationals being charged private fees. Patients are able to self-refer to the relevant department or can attend the emergency department where they are triaged to the appropriate clinic/team. There is also a private healthcare sector run out of dedicated private hospitals.**

**Interestingly, the sexual health clinic is an auxiliary service run out of the dermatology department. This is the case throughout Malaysia and this particularly caught my attention. I was intrigued and as I had had little exposure to genitourinary medicine back in the UK, I decided to spend a large proportion of my time shadowing the friendly doctors at this clinic.**

**The STI clinic was a discreet clinic at the end of the dermatology department corridor, notably unsigned. The service was efficient and waiting times were very short. I noticed that a greater majority of patients who had been referred via the ED were migrants who in hope of avoiding the fees associated with attending hospital, presented many weeks after initially noticing a problem. Another common issue that migrant workers face, is the inability to cover the costs of a full course of treatment meaning many patients are lost to follow up or request a less expensive course of therapy that may not be as optimal as the standard therapy.**

**As a student these clinics were very informative, and I was very thankful that most the consultations took place in English. One of the issues that I struggled with as a student in this setting, however, was getting patient consent. As is the case sometimes in the UK, patients were not always explicitly asked if I could be present at the consult, a particular problem at this clinic due to the intimate nature of the examinations performed. However, I found that by discussing the issue frankly with the doctors I sat in with made it more acceptable when I attempted to gain consent.**

**Of the tropical and novel conditions that I saw being managed was a case of suspected lymphogranuloma venereum. The presentation was very typical though delayed by the patient using home-remedies as he felt that the hospital fees would be prohibitive. He was given a short course of antibiotics and asked to reattend within the week for the next prescription, though he failed to attend his subsequent appointment.**

**During my time at HKL, I became more aware of some of the differences in public health initiatives pertaining to sexual health in Malaysia compared to the UK. For example, there are no screening programs for STIs in young people, nor are condoms given out at the sexual health clinic free of charge. I was informed that this was likely due to the more conservative nature of the Malaysian**

society, leading to a lower prevalence of STIs in the indigenous population. Also, as is the case with any public health service where resources are inevitably finite, public health initiatives have been particularly focussed on targeting more prevalent conditions, such as tuberculosis.

Overall, my experience of the Malaysian healthcare system provided me with a lot of food for thought and I was fortunate to see conditions which I would unlikely encounter in the UK. The clinicians and staff at Dermatology department that I met were all eager to involve me and to teach, making my experience at HKL a great learning opportunity.