Elective Report - Hayley Pillai Johnson.

Part I: Borneo rural clinic and Sarawak General Hospital

I began my medical elective in the city of Kuching, the capital of the largest Malaysian state (Sarawak) in Borneo.The elective began with a trip to a rural outreach clinic ran by local volunteers, “Charlie Chan’s rural outreach team”. The charity provides monthly visits to remote longhouses that are inhabited up to 12 hours from the town of Kuching, where medical access is sparse and locals rely on non-governmental organisations for their healthcare.

Figure 2 **Many of the longhouses were inaccessible by car**

Figure 2 **Prescribing using the mobile pharmacy**

Once a month, the extremely isolated longhouses receive a visit from at least one doctor, a dentist and a mobile pharmacy that provides a range of common drugs and medical equipment.

The locals all keep their own paper medical records and each person had a basic standard health check consisting of a blood pressure and heart rate recording. Due to their inaccessibility, many of these locals had extreme presentations of disease and infections that had developed substantially before they were able to receive their monthly dose of medical attention. This was a privileged and rare opportunity to observe the vast discrepancies in healthcare within countries as well as witnessing the role and value of NGOs in remote areas.

Figure 1 **may of the patients had complex presentations**

My emergence from the deep rainforest and commencement of work in the Emergency Department at Sarawak General Hospital (SGH) was in some ways anticlimactic. On large, the care and scope of healthcare resources was similar to that I have experienced in the UK. The notable structural differences being the plethora of doctors and relative scarcity of nurses (the opposite of UK ratios!) and overcrowding of the Emergency Department, where overflow patients would sit

around the edge of room on wicker basket chairs attached to drips. The medical conditions comprised mostly of common conditions we see in the UK, albeit more severe as the more remote patients tend to present to healthcare services later.

Part II: Maharaj Nakorn Chaing Mai Hospital, Thailand

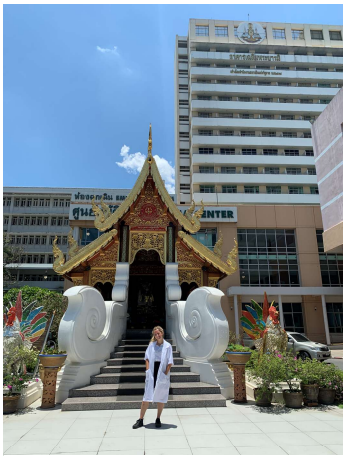

Figure 3 **Outside the Maharaj Nakorn Hospital**

The latter component of my elective took place in Maharaj Nakorn Chiang Mai Hospital where I was placed in the Obstetrics and Gynaecology department. The Maharaj Nakorn Hospital in Chiang Mai had far fewer elective students and the language barrier was much more of an issue than it had been in Kuching, where the English-speaking doctors made a huge difference in facilitating involvement in the medical teams. However, Chaing Mai was a wonderful tourist location and visiting the Maerim elephant sanctuary was one of the best experiences of my life!

The Obstetrics department was inundated with patients, the antenatal clinic consisting of a large room with 12 curtainless beds, where the women would lie for their examination then migrate to the central desk for their consultation. I got the impression that privacy and confidentiality were slightly less fundamental than what I was used to; however the care the patients received on the wards and during labour was excellent. In conjunction with my experience at SGH, this elective experience has humbled me; in my naivety I expected to see vast discrepancies from the UK and instead I saw highly proficient hospitals functioning well with the demands of growing populations.

Overall, my best medical experience was that in the rural clinic as this was so different to western healthcare and the longhouse inhabitants were impossibly kind and hospitable (even if they did coerce us into drinking their local fermented rice wine which was strong enough to strip paint). In particular, it reminded me how special and, despite its flaws, remarkable our healthcare system is - and how important it is for me to strive for healthcare equality both because of, and in spite of, my future position as a doctor in England.