

### **Kuching, Malaysia (Borneo)**

When trying to decide on an elective destination last year, I wanted to experience a different style of living as well as culture, which would also be reflected in the delivery of healthcare. Malaysian Borneo soon popped up as an ideal destination encompassing all these features. I chose to do my elective in Sarawak General Hospital (SGH) in Kuching as this is the main referral centre for the Sarawak region, and therefore the range of specialties and pathologies would allow me to gain the greatest exposure.

Therefore with excitement and nervousness in equal measure, I set off from London. On arrival in Kuching, my first hurdle soon presented itself in the form of missing baggage which had not made it from my transit destination of Kuala Lumpur. It would take several hours and as many trips to the airport from my accommodation before I would recover my missing baggage. After other smaller challenges, such as adapting to the variable and unpredictable Kuching weather with periods of scorching heat juxtaposed with monsoon-like downpours, I settled down in my accommodation and met the other elective medical students that I was sharing my accommodation with.



*Entrance to Sarawak General Hospital, Kuching, Malaysia*

Having met with the doctor (Dr Wong) who helped me arrange my elective, the advice given to me in order to “pass” my elective was to experience 3 main areas of local life consisting of healthcare facilities, culture and gastronomy equally. With this in mind I embarked upon my first day and stepped foot inside the hospital. The number of people lining the pathways of the hospital and the corridors was immediately overwhelming, with patients seemingly sitting in every nook and cranny waiting for their turn. It was only then that I realised the scale of the population that SGH serves and the demands placed on this government hospital.

### **Healthcare**

I decided to spend my time in SGH trying to sample some of the specialties I was interested in, as well as some of the more general areas of healthcare to give myself the best overall view of healthcare. I spent 2 weeks each in Plastic surgery, General surgery and General medicine, as well as attending clinics in as many specialties as possible including, rheumatology, neurology, endocrine etc

I started on my first 2 week block with Plastic surgery. It is a specialty that has always fascinated me and having spent time during my stage 1 SSC in the department in Cambridge, I was eager to find out how it was conducted over here. Fortunately (or unfortunately), the department only had one government hospital Plastic surgeon consultant for the whole Sarawak region, as the other plastic surgeons were all practiced privately. Mr John Ranjit very kindly allowed me to follow the ward rounds, attend clinics and theatres with him. I spent the majority of my time in the Burn ward, and realised that the full range of types of burns were seen, especially electrical burns. This was due to less health and safety measures when it came to climbing electric pylons and education about dangers of electricity. These burns were the most severe with many patients requiring fasciotomies for compartment syndrome, fluid to reduce damage from rhabdomyolysis to the kidneys, continuous ECG monitoring to mention a few things. The team consisted of many house officers and junior staff and there seemed to be a lot of pressure on the few senior doctors to teach all the junior staff in addition to their clinical work. The theatre environment was also relatively similar to theatres in England, however the differences were also very noticeable. For example, all gowns were washed and reused, as were the drapes and most other equipment in theatre whereas these would usually be disposable in England. In terms of the operations themselves, many of the operative techniques used were the same as in England, however there was a lot of pressure on Mr John Rangit, as the only certified Plastic surgeon to be present for these cases, in addition to his other clinical commitments, such as clinics.

The pressures of few senior or certified staff in Plastics was not the case in the General medical wards, which seemed to have as many "teams" (made up of a senior doctor and up to 3 house officers usually) conducting the ward round as there were patients. The wards were split into male and female with each side having up to 40 patients. In addition to the wards being very humid, patients were crammed in bays so that in a bay of 4 there would be up to 6 patients, with the extra ones squashed between others. This not only represented a potential danger in terms of emergency situations and access for appropriate equipment but also facilitated the spread of pathogens. Unfortunately this was a consequence of the demands placed on the general medical wards, and highlighted the strains of SGH in providing for such a large hospital with limited resources – a theme which is apparent in England too.

I was particularly interested in how the private healthcare compared to government hospitals, and whether this relationship and balance was similar to that seen in England. I spent time with Dr Wong, a private internal medicine physician, and was able to find out that unlike England, most private patients do not have health insurance, but rather pay cash up front for their consultations, admissions and treatment, which can be very variable and expensive as they number of days in hospital may exceed those expected initially. Contrary to what I believed, most private patients were not particularly wealthy but rather sought private healthcare for its convenience and speed, anticipating a short stay and saving up funds in advance, especially for elective procedures. I was also frequently met with story that patients with "difficult"/non-specific symptoms sought private healthcare, as government hospitals had turned them away or told them that "no cause could be found for their symptoms upon investigations". They therefore used private healthcare once government facilities had been exhausted. Therefore these patients did not have "straight forward" pathologies and often underwent numerous costly investigations. This contrast with the English system was perhaps the most striking for me.

### Culture

Amongst other things, the word Borneo evokes thoughts of Orang Utans, and this was certainly one of the major attractions of this location for me. Therefore we wasted no time in heading off to see them during our first week. The Semenggoh wildlife centre was the setting and after being given a

briefing that if the alpha male of the group were to walk/charge towards us the correct thing would be to run away as fast as possible, we cautiously wondered in to the platform to observe if any Orang Utans would show for their daily food. The beauty of this place lay in the fact that there was no cage or enclosure to keep the Orang Utans in and so we were entering their territory by setting foot in the forest. It didn't take long to sight our first Orang Utan, and it soon became clear that she had her baby firmly attached to her. It was a fantastic experience and certainly a highlight watching these animals graciously swing from tree to tree effortlessly, while marvelling at how similar they are to us first hand.



*Orang Utan in Semenggoh wildlife centre*

The vast majority of the Sarawak area of Malaysian Borneo is made up of rainforests and greenery. There are therefore several national parks dotted around the country which are ideal for trekking in. One of the most visited and famous is the Bako national park, a place only accessible by boat. There were several trekking trails on this small island up to several kilometres through dense, humid forest and inclines. We picked one of these trails and set off, and soon realised why the estimate of 4 hours given to us before starting to trek several kilometres was apt. It was a really enjoyable, if at times tiring, trek through unspoilt forest, filled with the constant sound of various creatures calling through the dense growth. Our trek culminated in the forest floor opening out into a magnificent, beaming beach with views looking out across the water as far as the eye could see. During the night we went on a night-time trek with a guide pointing out specific wildlife such as the slow loris, tarantula, stick insect, green pit viper, scorpions, flying lemurs etc. Spending a night in the national park lodge with the constant fear of proboscis monkeys attempting to steal our food was also part of the Bako experience that was certainly different to anything I have experienced before.





*Rainforest trekking in one of the many national parks (Bako national park)*

Malaysia has a rich culture and heritage, due in no small part to it being made up of people who trace their lineage back to one of several tribes (eg Iban, Orang Ulu etc). In addition to this there has also been an influx of immigration in the past from other parts of asia, so that there are a significant number of Chinese Malaysians and Indian Malaysians too. This is reflected in the variety of languages and food (to name a few things) that are heard and seen in this country. One of the most popular attractions is therefore the “Cultural village”, a place where there are several traditional longhouses, each made and occupied by a different tribe, and producing different products, with each tribe having its own specialised skills eg fishermen. The range and variety of products made by these tribes people from the surrounding raw materials available in nature was astounding and highly impressive. I have never before seen such resourcefulness. It was particularly interesting to see how welcoming each tribe was and to note the differences in the structures of the longhouses between different tribes with some longhouses being tall and made of several different compartments/rooms, while others were more open plan.



*Meeting Malay people from different tribes in “The Culture village”*

It is impossible for me mention all the layers of Malaysian culture that I saw and experienced and I have left out some notable parts, such as the music and traditional instruments (eg Sape). I have no doubt missed out on experiencing certain parts of the culture as well, such as certain significant festivals which occur at specific points throughout the year (eg Gawai), but even during my brief time in this country, I have come to love and be inspired by its richness and diversity, seen most clearly in the people who live here.

### **Gastronomy**

This was unashamedly perhaps the aspect of the elective I was most looking forward to. Being equipped with only the information provided by a quick search of the internet before flying out to Malaysia, I was rather clueless about local customs and gastronomy. Luckily I came across local university students who were very friendly and keen to give me a local's guide to the food. They quickly showed me the local delights and it wasn't long before I had tasted Laksa (see picture). I am used to having vermicelli as part of a sweet dessert, so to eat it as part of a savoury main course was certainly something which was new to me. Nevertheless that didn't detract from how delicious the dish was, resulting in me having had this dish more frequently than any other.



***“Laksa” – traditional Malaysian breakfast dish (vermicelli, in a curried soup with prawns, shredded chicken, vegetables and seafood)***

I expected the teaching at Sarawak General Hospital to be similar to teaching in Cambridge, both in content and in location. Thankfully the latter was not true, and the ex-Professor of Medicine (Professor Matthew Chew), used to give us weekly teachings before taking us out to his favourite locations in Kuching to sample his favourite foods. One such memorable place is shown below, and would have almost certainly been missed had we not been shown it. It was a small food court, hidden away from the busy hustle and bustle of the main town centre. All of us elective students were treated to a Coconut and barley drink, “ABC” (frozen tea flavoured ice with green, red and orange rice jelly), Malaysian salad (vegetables with an unknown powder on top) and Malaysian doughnuts. All these items were new to me and certainly interesting to try, with certain items being rather hard to palate for me. It was nonetheless fascinating to see and eat traditional east Malaysian food!





*Sampling local culinary delights including “Malaysian salad”, Coconut and barley drink and “ABC” with other elective students and Professor Chew*

Perhaps one of the most bizarre places for the location of (one of the largest) food court was on top of a parking lot. The number of food stalls and the range of foods being served, from seafood to bizarre looking vegetables was exciting yet confusing I found. Thankfully I had local help to translate some of the menu and also guide what I should eat.



*Dinner at “Topspot” (food court above a parking lot) with locals and elective students*



*Various Malaysian local dishes*

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*Watching the sun set on our elective on a beach in Bako national park, Kuching, Malaysia*