

George Sydenham – Medical Elective in Borneo, Summer 2016

I spent my elective in Kuching, a wonderful and really friendly city in western Sarawak. Sarawak is the larger of the two Malaysian states in Borneo, mostly made up of rainforest and with a substantial rural population. I hoped to get the chance to visit some of the more rural populations, as well as spend time in what is the main referral centre for the whole of Sarawak.

While there, I was able to spend time with several teams in Sarawak General Hospital – the general medicine, respiratory medicine and neurology teams. I was also able to observe a clinic at the private Borneo Medical centre to which some patients had travelled all the way from Indonesia, and to spend time with a rural outreach team in a couple of fairly remote villages close to the Indonesian border. My role was mainly limited to observation, which I was quite happy with – at this stage I am not comfortable managing patients, and many Sarawakians do not speak good English, particularly those from outside Kuching. All the doctors spoke good English, so we were reliant on them to translate for us. I was able to get involved where appropriate, assisting with minor jobs around the wards and in clinic.

There were some pretty obvious differences between SGH and other hospitals I've been to. The first, and most obvious, was that the average patient there was a lot more unwell than the average patient in the UK. In general, pathologies were a lot more advanced when they presented to SGH, which as a student meant I was able to gain some confidence in examination skills, as clinical signs could be much more obvious!

I learnt a bit more over the course of the elective why this was. Sarawak's rural population presents a lot of challenges to the health system, as people living in the more remote areas are often extremely poor and difficult to reach, even for a country as developed as Malaysia. Healthcare facilities can be few and far between; we were told a story of a family who had travelled for 3 hours with their dead father in their car to reach an outreach clinic.

This became particularly clear when we joined Charlie Chan's rural outreach team on a trip to Kampung Sibakar, a village on the Indonesian border which takes around 3 hours to reach by jeep, but by Sarawak standards is relatively accessible (some villages can only be accessed by boat). Charlie Chan's programme takes volunteer doctors and dentists to rural communities at weekends, visiting villages on average once every 6 months. They bring with them a single metal case of basic medicines such as antibiotics and anti-inflammatories. The outcomes of the consultations were fairly limited – either a patient would be given basic advice, a small supply of medication, or they would be advised to go to the nearest town to a regular clinic. Unfortunately, the cost of getting to the nearest town is often too much, and so as a result health problems are often neglected or ignored until they absolutely have to go to hospital, leading to the late presentations and advanced diseases seen in SGH.

Overall, my elective in Sarawak was a great opportunity to see some areas of healthcare which I would never otherwise have had the opportunity to see. I was able to see interesting and exotic pathologies; a huge number of people with more familiar NCDs such as poorly controlled diabetes (again partly due to the limited availability of healthcare outside the wealthier urban centres, but as one doctor put it, "Have you tried the food?"); and with the rural outreach team, healthcare provision in a completely different context to anything I've seen in the UK. I thoroughly enjoyed it and would definitely recommend it to students in years below.