

ELECTIVE (SSC5c) REPORT (1200 words)

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

Introduction

Kuala Lumpur Hospital, Kuala Lumpur, Malaysia, is a tertiary referral hospital with eighty three wards and 2300 beds. It has fifty three different departments. Including twenty eight medical and surgical departments as well as administrative, pharmaceutical and research departments. Kuala Lumpur Hospital is one of the largest hospitals in Asia and is the largest in Malaysia.

The number of staff at this hospital exceed seven thousand members from almost one hundred different professions. There are roughly two hundred consultants, five hundred junior doctors and registrars, thirty two head nurses, two hundred and twenty one ward managers, 3101 nurses, two hundred and fifty three community nurses and one trained midwife. Other staff include tutors, pharmacists, healthcare assistants, administration staff and hospital attendants.

What are the common conditions that are prevalent in Malaysia? Compare this to those in the UK.

During my time with the accident and emergency team at this hospital. This hospital was a trauma centre similar to that found at the Royal London Hospital. Therefore there were a large number of traffic accidents particularly from motor bikes as there are a huge number of motor bikes in Kuala Lumpur. They had good protocols for dealing with trauma of this sort and is in fact quite similar to that in the UK.

In terms of general medicine, common conditions encountered were infectious diseases such as malaria and dengue fever. Kuala Lumpur has a low risk of malaria however surrounding areas are high risk therefore can be quite common particularly at certain times of the year. Dengue fever like malaria, is transmitted via mosquito bites and common symptoms include fever, rash and muscle aches. It is usually self limiting but good supportive treatment is required otherwise serious effects may occur. This hospital was well equipped to deal with this and casualties are in fact low.

There are conditions which are similar to those found in the UK such as coronary heart disease, pneumonia, heart failure and many medical and social issues within geriatric care including dementia and hip fractures. There are many risk factors in Kuala Lumpur which cause a burden on the health system similar to that in the UK. For example obesity and smoking are very prevalent and so COPD and diabetes are quite common. I did not get a good experience of diabetic health education as I was mainly based in hospital and not with any general practitioners however many renal patients that I had encountered with renal failure also had diabetes so this was clearly an issue. Due to high smoking prevalence, lung cancer was also very common in Kuala Lumpur. I attended a multidisciplinary team meeting for cancer patients and this was actually quite similar to the UK with radiologists, pathologists, surgeons, respiratory doctors and oncologists.

Compare the availability of resources between Malaysia and the UK

This was one of the largest hospitals that I have been to including those in the UK. It sits on one hundred and fifty acres of land and thousands of beds. They had very similar access to investigations to the UK including all the various blood tests and the main imaging modalities including CT scans and MRI scans. One difference which I noticed was that wards were more cramped than in the UK. There were more patients per ward than what I have observed in the UK. The cramped environment also contributed to a higher room temperature. Wards were mainly cooled only with fans as there was no air conditioning. I also observed that the hospital did not look as clean as what I have been used to in the UK. The buildings were quite old and I noticed a lot of different areas where renovation was much needed.

One main difference I was taught about was the two tier system of healthcare provision. There is a government run health care system which provides healthcare to every one as well as a private system which accounts for a large proportion of healthcare provision. Because of this, many consultants choose to do a lot of private work and this can cause a shortage of doctors in the public sector. Malaysia has a wide gap between the rich and the poor so that wealthy people are able to afford better health care and go to the more experienced doctors whilst the poorer people sometimes struggle to get adequate treatment due to constraints on the public sector.

Describe the pattern of paediatric disorders in Kuala Lumpur and how they differ with those in the UK

Part of my placement was spent on a paediatric ward as well as a neonatal ward. Infections were again common in the paediatric population. They were mainly respiratory in nature including bronchiolitis and pertussis. Vaccinations against pertussis are available but there is not a high enough take up rate. Again infections transmitted via mosquitos were common amongst this population and were harder to manage than the adult population. Children tended to become more unstable than adults and it would be harder to identify the problem due to a lack of communication. Again malaria and dengue fever were the infections being transmitted by mosquito bites. Other than this common conditions such as acute asthmatic attacks were prevalent. Many paediatric patients also came in for common surgical disorders such as appendicitis and they were generally treated well.

At the neonatal unit, common problems were sepsis due to vertically transmitted infections whilst prematurity was fairly common. They had a suitable amount of incubators and they were nursed very regularly. Unfortunately there were a few deaths at the unit during my time there due to extreme prematurity mainly due to brain damage and necrotising enterocolitis. However overall, the level of care and the standard of neonatologists were very similar to what I have seen from the UK.

Reflect on the experience gained in Kuala Lumpur hospital and how this may help me to become a better doctor in the UK

My experience at this hospital was not what I expected. I had expected a good level of care due to the hospital's location in the capital of Malaysia but I did not expect the standard to be very similar to the UK. I was pleasantly surprised at this and all the staff were extremely professional and helpful throughout my time here. I have learnt about the different conditions that are more common here and feel more confident in picking up overseas infection if they were to occur at my hospital in the UK. I also realise that healthcare is not more accessible in Malaysia than in the UK so I understand the privileged position we are all in and the responsibility that I have to my patients in the future. I enjoyed seeing

healthcare from a different perspective within a different culture and it was an education seeing how they deal with patients in this side of the world.