

ELECTIVE (SSC5c) REPORT (1200 words)

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

SSC 5: Elective Essay – Hospital of Kuala Lumpur

What are the prevalent paediatric conditions in Malaysia? How do they differ from the UK?

The difference in prevalent conditions between the United Kingdom (UK) and Malaysia was the incidence of communicable diseases. Children on the ward in Malaysia were more susceptible to infectious diseases such as Dengue fever, which is rare in the UK.

However, respiratory conditions such as asthma were also common on the ward and was managed similar to that of the UK.

As you can see from figure 1, in Malaysia infant mortality mostly occurs due to congenital abnormalities and complications associated with prematurity.

What are the prevalent conditions associated with nephrology in Malaysia? How do they differ from that of the UK?

Diabetes is one of the most common diseases in Malaysia, and figure 2 illustrates that diabetes is in to top ten leading causes of death in the country. It is associated with severe complications. From my elective placement, most patients suffered from end stage renal failure (ESRF) due to diabetes and suffered complications such as blindness.

Hypertension is also another big cause of ESRF and recently a lot of funding has been put into preventative measures, so that the public are aware of kidney disease and the importance of maintaining a normal blood pressure and diabetic control.

Other common causes of ESRF, were IgA nephropathy and SLE. It was interesting to see that the causes of kidney disease were comparable to that of the UK. The treatment was also similar, however when treating pulmonary oedema CPAP was generally only solely used in ICU, whereas in the UK this is not the case.

Does the Malaysian healthcare system encompass different screening tools for neonates? Is it similar to the Guthrie screening test provided by the UK?

Currently in Malaysia, their national neonatal screening tools encompasses the diagnosis of congenital thyroid conditions, G6PD deficiency and audological screening. There are increased demands for these screening tools as the main cause of death in the under 5s is congenital abnormalities.

However, expanded screening tools which would include phenyl ketonuria and abnormal fatty acid oxidation has yet to be implemented. This is due there being not enough funding and staff to fully execute this. Additionally, the incidence for these congenital diseases are low and as a result the need to diagnose these particular set of diseases is low.

What is the vaccination programme of children like in Malaysia? Is it different to that of the UK?

As you can see from figure 3, the vaccination programme in Malaysia is similar to that of the UK.

It is interesting to see that different states in Malaysia, such as Sabah and Sarawak, have additional vaccinations that need to be undertaken.

Additionally, Hepatitis B vaccinations are given to the children who are 0-1 months, a practice which is not undertaken in the UK.

Are the indications for dialysis and kidney transplants similar to the UK? If not, how does it vary?

On the nephrology ward in Malaysia, the most common indications for dialysis were uraemic encephalopathy, hyperkalaemia, changes in pH and pulmonary oedema. The consultants on the ward based their treatment plans on the KDIGO guidelines, which are universal guidelines for kidney disease.

However, dialysis in Malaysia is not free and even in government hospitals there was a small fee in order to receive treatment which some people could not afford to pay. Nevertheless, there were independent charities, where if you fulfilled a certain criteria, were able to pay some of the fees on behalf of the patient.

Understand the healthcare system in Kuala Lumpur

The Malaysian healthcare system is divided into a two tier system: private and public sector, which is similar to that of the UK. The public sector is funded by the government, however upon arrival to the hospital there is a small fee to pay. The Ministry of Health are responsible and therefore accountable for the public sector whereas an independent body is liable for the private sector. Private sectors are mostly found in the urban parts of Malaysia. In order to maintain the working force in the public sector, it is mandatory for doctors to complete at least three years in the public sector

However, the training for newly qualified doctors resembles that of the UK but is also still quite different. Housemanship is for 2 years and there is a requirement of a further 2 years of training in public hospitals. Due to lack of specialized doctors at higher training posts specialized treatments can only be received in the larger cities as a pose to the more rural ones. The Malaysian government is trying to overcome this by implementing tele health care. Tele health care involves the remote exchange of information from clinicians from an urban area to clinicians from a rural one.

Understand the clinical importance of a MDT in the Malaysian healthcare system. What other measures do they have in place to ensure quality of patient treatment

During my placement in Malaysia, I attended many MDT meetings which were interesting to witness as different specialists interacted with each other. Although, they have implemented these meetings into their practice, there is still room for improvement. There is still an issue of accountability of patients. There were a few incidences where one speciality knew that the patient had been diagnosed with a condition and needed further testing outside the realms of their speciality but wouldn't relay this message onto other health professionals.

Although there are structures placed in order to ensure better quality of care there are circumstances where they fall short and in the future I am sure that these problems will be overcome.