

Elective Report - Kuala Lumpur Hospital Prasheetha Thedchanamoorthy

I undertook my elective in Hospital Kuala Lumpur, Malaysia. Hospital Kuala Lumpur is the largest hospital under the Health of Malaysia and is known to be one of the biggest in Asia. It is a government tertiary referral hospital consisting of 83 wards and 2300 beds. I was allocated to the general medicine and paediatrics departments which both gave me an interesting insight into medical care in these fields in Malaysia.

Objective 1 - Describe the common conditions seen in the General Medicine department in the biggest hospital in Malaysia. Describe predominant paediatric illnesses found in a developing country in comparison to the UK.

Malaysia and the UK are very different countries in terms of climate and population; therefore the pattern of disease prevalent in both these countries vary in all age ranges. The most prevalent conditions seen in Malaysia are the infectious and tropical diseases. Of the infectious diseases, some common ones include hepatitis A, B and C, cholera, typhoid and avian influenza. Although rare in the UK, these conditions have a higher incidence in certain parts of the UK in comparison to others such as in East London. Studying at Barts and London, East London, has made me become more familiar with the presentation and treatment of diseases such as TB.

Moreover, during my time at Hospital Kuala Lumpur, I witnessed a high number of patients admitted with dengue fever due to the tropical climate in Malaysia. Interestingly, I came across one patient with Japanese encephalitis. I learnt how these patients were managed and how treatment was instigated. These conditions do not exist in the UK naturally however, can be seen in patients who have travelled outside the UK. A condition which I saw quite frequently in Malaysia and is also quite common in the UK is gastroenteritis. I believe this is largely due to the fact that there are a huge number of fast food restaurants which many citizens visit on a regular basis.

Two common causes of death in Malaysia are coronary heart disease and stroke which is very similar to the causes of death in the UK. Others included hypertension, congestive cardiac failure, diabetes and chronic obstructive pulmonary disease (COPD). The risk factors for these conditions are very similar to the ones prevalent in the UK and include smoking, obesity, diabetes, hypertension and high cholesterol. Smoking was very common amongst individuals in Malaysia, mainly with men as opposed to women. Another factor is a poor diet as there are numerous fast food restaurants and minimal emphasis on healthy eating. Some of the other top ten conditions commonly seen in Malaysia included HIV/AIDs and tuberculosis.

During my time on the paediatric ward, I found that diarrhoeal illness was the most common reason for paediatric admissions as there was an increase in prevalence

of diseases spread through the faeco-oral route. There was also an increased incidence of lower respiratory tract infections. I witnessed a large number of children, predominantly girls, who interestingly presented with conjunctivitis. On questioning as to why this was common, I was intrigued to learn that this was due to younger girls applying Kajal, which is a black cosmetic applied to the eyes. Although children are discouraged from using this product, conjunctivitis

Objective 2 - Describe and discuss the universal healthcare system implemented in Malaysia.

Historically, healthcare in Malaysia has undergone radical transformations. Medical care was predominantly focused surrounding traditional remedies in the pre-colonial days which is common amongst the Malays and Chinese. The independence of Malaysia in August 1957 introduced western medical practice into the country allowing to meet the medical needs of today.

A dual-tiered healthcare system exists in Malaysia, consisting of both a government-led universal public sector, and a private healthcare system creating a synergistic public-private model. However, it is primarily under the responsibility of the government-run system. The majority of the population, accounting for approximately 65%, are served by the public sector, with patients paying nominal fees for the usage of both outpatients and hospitalisations. On the contrary, the private sector has grown enormously over the past 20 years offering a vast range of expertise in medical fields such as cardiology, orthopaedics, ophthalmology, neurology, fertility treatment, bariatric surgery and dental implants. Nonetheless, it has been predicted that this two-tiered system comprising of varying aims may be unsustainable in the future.

Recently, there has been an interest in the development of a number of things such as building new hospitals, refurbishing existing hospitals, and making advancements and improvements in telehealth; all partially due to a growing ageing population. The society has put an astonishing 5% of the government social sector towards the development of health care. This has accounted for an increase of more than RM 2 billion in comparison to the previous sum. However, despite the dedication of the government, a major downside with the health care system is the scarce number of medical centres available in the remote parts of Malaysia, and transferring patients from one specific health centre to a larger general hospital has incurred inconveniences. This issue has been addressed via the implementation of a system known as "tele-primary care" which allows doctors in rural areas to hold discussions with specialists and doctors in other hospitals via Tele-consultations. In addition, overprescription of drugs has been another cause for concern. This has been targeted through drawing more attention to foreign investment.

Most of the private hospitals have internally recognised accreditations which accredits healthcare programmes both in the United States and United Kingdom. With their ability to provide high quality and effective medical treatments, Malaysia has been named as a top choice for patients seeking medical healthcare treatment abroad.

Objective 3 - Discuss recent outbreaks in Malaysia.

In 2009, there was a flu outbreak in Malaysia which was part of a larger flu pandemic involving the influenza A virus subtype H1N1. The first case was reported on the May 15th 2009. The virus contained genes from a combination of swine, avian and human influenza sources. The pandemic H1N1 2009 virus was noted to behave as human influenza strain as it easily transmits between humans. Presentations included fever, cough, headache, dyspnoea with varying diarrhoea and vomiting. Most reported cases were considered to be mild. Complications included severe pneumonia which led to death in previously healthy individuals. The Ministry of Health (MOH) responded to the cases in 2009 by placing measures to prevent the disease from spreading. Any cases and contacts found were placed under home quarantine orders and treated with Tamiflu (Oseltamavir).