

ELECTIVE (SSC5c) REPORT (1200 words)

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

I elected to undertake my elective at Hospital Kuala Lumpur as I wanted to experience a health system within a middle-income developing country. I was keen to see a wide variety of medicine as I hope to go on to a career in geriatrics, however I also wanted to see acute care within another country, and so chose to do placements in General Medicine and Accident and Emergency.

Describe the changing burden of disease facing the Malaysian population and how this impacts their evolving health care system:

The disease burden in Malaysia consists heavily of both communicable and non-communicable diseases. The pattern of non-communicable diseases is similar to the UK, with heart disease, chronic obstructive pulmonary disease and diabetes; however cases are more advanced at an earlier age than in the UK. While communicable diseases such as tuberculosis and HIV, however I was surprised to see multiple cases of syphilis, and in particular neurosyphilis. The case was a young patient with HIV and suspected neurosyphilis, presenting with an unusual pattern of neurological signs. The lack of preventative public health measures was highlighted by this case, as was the stigma still attached to a diagnosis of HIV. Kuala Lumpur is an inner city hospital, and there is a high prevalence of trauma cases that come in due to frequent road traffic accidents.

Describe the provision of health care in Malaysia within the context of a developing country, and compare to the UK:

Malaysia has both public and private health care provision. Hospital Kuala Lumpur is a government tax-funded public hospital, and is the largest in Malaysia. The public system is similar to the NHS, however patients are required to pay a small fee for their treatment. I was initially surprised at how similar some aspects of Hospital Kuala Lumpur were to the UK, such as how the wards were run, the notes were written, drugs were prescribed and patients were examined. These similar practices may be remnant from British rule in Malaysia. Doctors generally spoke to patients in Malay and notes were written in English. However, as time went on, it became apparent that the hospital facilities, running and patient care was basic. The ward I was based on consisted of forty beds in rows with little privacy for patients as the beds were very close together. On one occasion, there was a young boy placed on the ward as an extra bed in the aisle. This was sad to see as he seemed very lonely and uncomfortable being surrounded by relatively old men. Another surprise was that for an apparently advanced hospital, all notes, prescriptions, imaging requests and imaging results were hand written, and few computers were present. X-ray and CT imaging was read from a film against a light, rather than on a computer. Even within the radiology department this was the case. The Malay medical schooling is also very similar to the UK, with similar degree structure and foundation training. English is the primary language in medical education.

Describe the public health promotion initiatives at KLH designed to deal with the changing problems in healthcare, from communicable to non-communicable diseases:

Malaysia is a middle-income country that is in the process of the disease pattern shifting from communicable to non-communicable diseases being most prominent. Despite this changing landscape, during my time at Hospital Kuala Lumpur I saw little evidence of public health initiatives.

Smoking is highly prevalent, and during my time in Malaysia and although cigarette packets do have health warnings and it was uncommon for people to be allowed to smoke indoors, there seemed to be little public health measures to reduce smoking and cigarettes were very cheap for locals to buy.

Use the experience to build on my general medical knowledge and gain insight into the running of a health system which provides both universal public care along with private care within the context of global public health:

One aspect of care in Hospital Kuala Lumpur that shocked me was observing how delirious patients were managed. On the general medical ward there was a patient who had septic fever and was agitated and disorientated, however was not aggressive or a risk to himself or other patients. Following his review on our ward round, the doctor prescribed antibiotics, however sadly these were not administered until much later in the day. More upsetting than this was that nursing staff proceeded to strap the patient to the bed at his ankles and wrists, further adding to his disorientation. This would be considered abuse in the UK, and I found it particularly upsetting as restraining patients can only further add to confusion and agitation, and hinder recovery from delirium.

What was most shocking was the poor hygiene I observed. It was rare to see gloves being used during ward rounds, unless it was a TB case, including when the consultant examined an extensive bed sore. Additionally, despite the presence of alcohol gel on the ward, hand washing before and after each patient was rarely practiced. This was shocking given the prevalence of infectious diseases. At one point on the ward there were three cases of TB, and these patients would always be isolated in the UK. In Hospital Kuala Lumpur, these three patients were put in standard beds at the end of the ward, with curtains occasionally being drawn in an attempt to protect other patients. Efforts were made during ward rounds to prevent infection spread when seeing these patients, and the team would wear face masks, gowns and gloves. At this time I was told that to see these patients I would need to go and buy my own face mask, being careful to ensure I got the right type. It surprised me that supplies were this low that I could not use one of the hospital ones, however I noted that all staff kept their masks in their bags etc rather than using a new one each time. This is shocking that equipment potentially exposed to TB would be kept on their person at all time and reused, giving a higher risk of infection spread.

Overall, my experience at Hospital Kuala Lumpur was very good as I was exposed to a lot of learning experiences, both reinforcing my knowledge of cases that are common in the UK, as well as providing exposure to cases that I would not normally see at home. I would highly recommend this attachment for future medical students.