

ELECTIVE (SSC5b) REPORT (1200 words)

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

Kuala Lumpur Hospital is a Malaysian government-owned public hospital in Kuala Lumpur, it serves as the flagship hospital of the Malaysian public healthcare system. Kuala Lumpur offers a great mix of city life and rural communities with a huge amount of culture across Malaysia as a whole. The city is described as a melting pot of cultures and traditions, a modern and cosmopolitan capital with the three dominant ethnicities Malays, Chinese and Indians that all add something of their own to the Malaysian culture. This reminds me of London which is also a hub of multiculturalism and shared experiences, which is one of the reasons Kuala Lumpur Hospital was a clear choice for my Elective as there is lots to learn and gain from such a vibrant City. The hospital comprises of 84 wards and 2,300 beds and has been described as one of the largest Hospitals in the world. I expect to be able to experience medicine in a busy general hospital which may have similarities to that of London Hospitals I am used to working in, I am interested to see if there are also differences.

1) To compare and contrast the common presentation of diseases in general medicine in two large cities to establish similarities and differences in disease patterns in Kuala Lumpur and London.

Kuala Lumpur Hospital provided me with a well rounded and diverse experience which involved learning and observing both new and familiar things. There are some clear similarities between the way in which patients are cared for in the UK and Kuala Lumpur, from the multidisciplinary teams to the drugs and treatments of choice. This helped to confirm that medicine has a universal language and showed that this profession can be used worldwide, a true benefit of studying such a degree.

There were similarities in disease profiles with heart disease and diabetes highly prevalent in the large city of Kuala Lumpur as is the case in London. Diabetes has a rate of 1 in 3 people in Kuala Lumpur which has been linked to poor diet and poor personal health behaviours. Consultants at Kuala Lumpur Hospital described the average age of those experiencing coronary heart disease to be around 45 years old. This they attributed to the high smoking rates and again poor diet, exercise and health behaviours in the local population. There has been reported to be around 45% of young male adults in Malaysia who are smokers which is contributing to the rate of heart disease further down the line. It was interesting to see that disease has no borders and how much the environment plays a role in causing health problems for huge population groups.

2) To describe the framework for healthcare services in Kuala Lumpur and how accessible these services are to the local population.

The services offered at KL general Hospital are free for citizens in Malaysia and the hospital offers 90% of its beds as free or subsidised ensuring a true international standard of care for all its patients despite their background. Medical care is easily accessible in practice and financial terms and healthcare in Malaysia has a similar framework as in the U.K. Emergency services are available by Ambulance and emergency department walk-ins. There is a difference however in that for foreign visitors the emergency services and all medical treatment is chargeable. This means that you must have and prove you can pay for the emergency care required before receiving it.

It was also noticeable that the doctor to patient ratio was very different to what we are used to in London. It was reported to be around 1:150 doctors to patients. A huge workload and responsibility for

the Doctors in Kuala Lumpur Hospital. They were very busy and still had time to teach the elective students during their ward rounds which was greatly appreciated by all of us. Another point of note was the limited space between beds as these were required to be packed closely together in order to fit the amount of beds necessary in the wards. This poses an infection control risk which the staff were aware of and they did their utmost to ensure infection control measures were met. Each bed had an alcohol hand gel at the end similar to our beds in the U.K. However some beds were missing there's. Doctors carried this around with them in order to avoid forgetting to use the hand gel or not having it available at the bedside between patients.

3) To describe the public health concerns in Malaysia in comparison to the UK particularly from a general medical perspective.

The public health campaigns against smoking were obvious in the city and around Malaysia in general these were similar to those we have here in the UK. Packaging of cigarettes displayed clear graphic images of the diseases and harmful effects of smoking. However it was not as evident that diabetes was a major public health issue. Coming from East London I may be too familiar with public health and community health campaigns to help reduce the rate of type 2 diabetes. As these were visible to me at Kuala Lumpur Hospital it would seem at a glance that this could be something to develop and improve in order to prevent the increasing rate of a disease that is already affecting one third of the population. Alongside these two major health concerns there is an established public health message to encourage the residents of Kuala Lumpur to eat a healthy and balanced diet, this is something we are used to seeing in the UK and the message is very similar over in Malaysia. Eating well and living a healthy lifestyle is seemingly a globally valued ideal.

4) To develop communication skills in situations where there is a distinct language barrier, in order to prepare for similar situations which may arise as a FY1 Doctor.

Working in East London hospitals and the local community since year one as a medical student has prepared us for the challenge of communicating with patients who speak a different first language. Being from the UK puts us at an advantage as the drug names, procedures and many medical terms are in English despite being in Malaysia, this was extremely helpful as it allowed me to follow along easily with discussions, diagnosis and treatment plans for patients when with the medical team. In Kuala Lumpur where although I was lucky in the sense that the Doctors and Nurses spoke very good English. My communication skills were put to the test as many of the patients who were from the outskirts of the City only spoke Malay. Much of our communication was done through another staff member or gesturing, this was difficult as the first step in seeing a patient was in some cases nearly impossible to achieve, taking the history was often supported by relatives and other team members. This did allow me to develop skills in communicating despite a language barrier and making the most of the available information but also pushed me to try and learn useful words and phrases in some of the languages I will encounter as a Junior Doctor in Newham University Hospital, in East London over the next 2 years.