

ELECTIVE (SSC5b) REPORT (1200 words)

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

I decided to undertake my elective placement in Kuala Lumpur Hospital in Malaysia. The hospital itself is one of the largest hospitals in the world with over 2000 beds and 11,000 staff members. I was situated in the general medicine department. Having undertaken many placements at the Royal Hospital, which is one of the largest hospitals in western Europe, a placement in Kuala Lumpur Hospital allowed me to compare and contrast how health care was delivered.

1) Describe the common general medical presentations in Malaysia and compare this to the UK.

Although Malaysia is located over 6000 miles away, the medical presentation of patients does share many similarities with the UK. Non-communicable diseases such as heart disease and diabetes are very prevalent in Malaysia and share a similar pattern to the UK. The top cause of death in both countries is ischemic heart disease and road traffic accidents are a major cause of death in young adults in both countries. Although this is the case, the pattern of communicable diseases is very different. Diseases such as malaria, TB and HIV are more prevalent in Malaysia. This is partly due to the climate, in the case of malaria, but also the lack of effective management and poor sanitation techniques although great strides have been made in this area.

During my placement I was placed on the critical care unit (CCU) which specialized in acute cardiology cases. Having undertaken a placement in CCU in Newham hospital, I was able to observe the differences and similarity between the two. The ward was laid out in a similar manner, with an open ward plan and also side rooms but the space between two patients was a lot less meaning there was an issue of infection control. Moreover, there were many more patients assigned to one doctor meaning the health care delivered would be less efficient. The doctors on the ward wore lab coats, and we were required to wear them too. Many of the doctors also wore watches and jewelry on the hands and wrists. Having said this, the doctors would wash their hands with antibacterial gel in between patients.

2) Describe how the health service is organised and delivered in Malaysia and compare this to the UK.

The organisation of health care in Malaysia is very similar to the National Health Service in the UK. There is both government run universal health care alongside co-existing private health care available. The government run portion is very similar to the UK with both countries providing universal health care. The majority of the population are served by the public center and more and more people are opting for the public center. The number of patients going private has dropped from 30% to 20%. The government is investing heavily into health care with approximately 10% of the annual budget going to health care. But like all countries around the world due to an aging population, longer life expectancy and an increase in prevalence of non-communicable diseases the demand for health care is steadily increasing.

Health tourism is very prevalent in Malaysia, with Malaysia being named one of the top 4 countries in the world to visit for health tourism, showing the effectiveness of its health care system. Life

expectancy and infant mortality are often used as markers of the effectiveness of a health care system. the life expectancy is 74 and the infant mortality is 9 (per 1000 live births) which compares very favorably to the united kingdom.

At a ward level the multi-disciplinary team is organised in the same way as the UK, with a lead consultant, and junior doctors, nurses and under health care professionals under them. Although this is the case, the team do not have access to the same high quality equipment that we take for granted in the UK. For example first line management for a STEMI in the UK is Percutaneous Coronary Intervention (PCI) whereas in Malaysia thrombolysis is first line due to the costs associated with PCI.

3) What public health initiatives has the government undertaken to improve health care in Malaysia.

In 1999 there as an outbreak of the Nipah virus which originated from pig farms in Malaysia. The result of this outbreak was 105 deaths and the culling of one million pigs. Since then the government developed a National Influenza Pandemic Preparedness Plan (NIPPP) contains specific instruction on how to deal with a pandemic. This plan was put into action during the SARS and H1N1 outbreaks which Malaysia dealt with well.

Smoking is a huge problem in Malaysia - with approximately a quarter of the population smoking. The rate is increasing slowly and there is a real problem is illicit cigarettes being cheaply available. The government has sought to tackle this in a number of ways. a warning sign is required on all cigarettes, tobacco advertising is illegal and smoking is banned in airports, shopping complexes and other public places. The penalty for smoking in a public place is a fine or two years in prison - although this law is not routinely enforced. The government hope to decrease the rates of smoking in the country as lung cancer is one of the top 10 causes of death in the country.

4) To develop my abilities to communicate with both patients and doctors where there is a language barrier present.

I found my placement in Malaysia very difficult. Both the doctors and patients communicated in Malay, the national language in Malaysia, making communication very difficult. During ward rounds the consultant would take a brief history from the patient and then speak to his or her team about the patient. Luckily, all of the doctors spoke English as their second language and the junior doctors would often take time to quickly explain to us what was happening as the ward round was taking place.

However speaking to patients was very difficult, especially with the older patient who did not understand English at all. If a nurse was free they would sometimes act as interpreter allowing me to have a full conversation with the patient. Other times I could only ask patient simple things like whether they had pain by using non-verbal communication techniques or trying to use the limited Malay words that were taught to me. One thing that came in very handy was the Google Translate application on my smart phone. I could type in what I wanted to tell the patient and my phone would convert it into Malay for the patient to read. The patient could then type their response in Malay which would be converted into English for me to read. The process was long and tedious but was useful.