

Hospital Kuala Lumpur – Student Report

GENERAL  
MEDICINE

I arrived at Hospital Kuala Lumpur at approximately 8 am according to the reporting instructions. I have been to this hospital before, years ago but I had never realized how big it is. I headed to the Administrative department where I was given a brief induction by the person in charge. After filling out all the relevant forms, I was allocated to Ward 26 which is a General Medicine ward, under the care of Dr Jeevan (Specialist Registrar) and Dr Ngau (Medical Consultant)

One of my objectives for this elective is to compare the differences in terms of the hospital structure, working personnel and multi-disciplinary approach in Malaysia and the UK. Upon entering Ward 26, I was amazed by the size of it. It can accommodate at least 35 beds, separated by 5 Cubicles. The Cubicles are not separated by walls and this makes the ward look massive. Nevertheless, there were many working staffs in the ward. Each cubicle is managed by two House Officers who are usually assisted by at least one nurse. The House Officers are under the guidance of several Medical Officers and a Specialist Registrar. The most obvious difference that I noticed was the number of doctors looking after patients in the ward. As mentioned before, there were approximately 35 beds in the ward and 1-2 House Officers are allocated in each Cubicle. This gives a doctor-patient ratio of at least 1:6.

Ward rounds usually start just before 8am every day, led by the Specialist Registrar. The House Officers usually start their rounds slightly earlier than that to get any updates on the patients under their care and report to the Specialist Registrar during the rounds. The medical team spent approximately 5-10 minutes on each patient. New patients are clerked by the House Officers and after a full history was taken beforehand, the case is presented to the registrar during the round. For every patient, the vitals are checked and general physical examination is conducted by the medical team. Any pressing issues are brought forward by the nurses and doctors in charge. Following the previous day's plans, new plans are formulated and discussed by the medical team. Furthermore, patients and their family members sometimes voice out their concerns and this is also taken into consideration when managing the patients.

Since most of my time was spent during the ward rounds, I was able to observe and learn a great deal about Malaysian healthcare system. Patients' notes are located by the patients' bedside, as is

the drug chart. The house officers are tasked to write in the notes about the patient's progress and the management plans. These are all similar to the system used in the UK. The only slight difference noted was the blood results, which are printed out and mounted on the patient's folder for review. The drug charts are more or less similar but there were not too many boxes to fill, indicating less emphasis to highlight patient's drug allergies and thromboembolism risk. My overall impression of the rounds conducted every morning was very good. I think that the patients are thoroughly managed and good multi-disciplinary approach was also obvious.

There are a number of points which need to be discussed further. Firstly, I found that the number of doctors in charge was intriguing. As a future junior doctor, being responsible for the care of 6 patients would be a dream because in the UK, a house officer would usually care for at least 20 patients. Not that I am suggesting that one is better than the other. But having less patients to care for can be very beneficial for both doctors and patients. This is because doctors will have more time to spend caring for each patient without having to rush when managing other patients. At the same time, patients can also rely on their doctors whenever they need the attention because their doctor will always be nearby and accessible. However, one can argue that having 6 patients may not be enough for doctors in training. Going back a few decades ago, doctors were overwhelmed by many patients to care for. This had led to the need of training more and more doctors; but the best doctor-to-patient ratio is yet to be determined.

In terms of hospital facilities, I would have to say that the hospital is still not adequately equipped. Manual beds are still used but they are nonetheless still reliable. Patient monitor is not attached to every bed; hence if vital measurements are required, they need to be taken manually. Moreover, there are no isolation rooms for patients with tuberculosis and other infective illnesses. Instead, they are separated in the far end cubicle of the ward, which is not separated by walls. Nevertheless, medical personnel and visitors are advised to wear face masks upon entering that cubicle. Another issue to note is the emphasis on hand hygiene. Hand washing is recommended but it is not strictly adhered to. Wearing a white coat and even a tie are still allowed for medical personnel. This may be because MRSA and C-diff are not as prevalent as in the UK.

In summary, I think that the healthcare system in Malaysia is similar to the healthcare system in the UK. But there are some minor differences where cultural and even financial factors play their part. I developed good rapport with the medical team and they seemed very knowledgeable very well equipped to care for their patients even though they are deprived of some of the modern hospital facilities. It is very unfair to compare the differences in terms of hospital facilities between Malaysia and the UK because the National Health Service has been formed longer than the independence of Malaysia. I believe that the Malaysian healthcare system is moving and evolving towards the right direction. The government of Malaysia is doing their best by sending Malaysians to medical schools around the world and building more medical schools in Malaysia. This can only lead to the betterment of Malaysian healthcare system.