

OBS + GYNAE

An Elective in Obstetrics and Gynaecology at Kuala Lumpur General Hospital (HKL)

My elective was taken at the Kuala Lumpur General Hospital in Kuala Lumpur, Malaysia. During this time I was attached to the O&G department for 3 weeks. Here I worked with the Specialists, Medical Officers and House Officers which are the UK equivalent to Registrars, Senior and Junior House Officers, respectively. As part of the team, I was involved in managing patients with close supervision by the doctors and midwives while aiming to meet the following objectives:

What are the prevalent O&G cases in Malaysia? How do they differ from the UK?

How are the O&G services organised and delivered? How do they differ from the UK?

To attain an insight of medical practice in a developing country like Malaysia

To gain a hands-on experience in performing medical procedures

Being the country's biggest hospital and main tertiary referral centre, HKL staff see the most number of patients in the broadest spectrum on a daily basis and to a certain extent, this hospital largely represents Malaysia's healthcare system. The O&G conditions is generally similar to that of in the UK, although comparatively, majority of the patients presented with problems related to the menstrual cycle, hence a younger patient population in their reproductive period. Unlike in the UK, here we seldom see patients older than seventy complaining of symptoms suggesting a uterovaginal prolapse or gynaecological malignancies. I believe this phenomenon is partly due to the fact that the older generation in Malaysia tends to live in the more rural areas and therefore less access to the healthcare system. They also tend not to seek medical help and still rely on traditional complementary medicine.

In terms of organisation and delivery of the services, the Malaysian medical system is rather similar to the NHS. Emphasis is still placed on the history and physical examination, however it was striking to notice the difference in the work carried out by the house officers in Malaysia, compared to in the UK. They were trained to do more complicated procedures like conducting deliveries, repairing perineal tears, and medical housemen do CVPs, chest drains, while surgical housemen do appendectomies and hysterectomies. They did considerably less paperwork; blood forms are filled in by nurses and left at the patients bedside and the housemen need only come along to take the blood. They also see their own patients in clinics,

sometimes reaching up to 200 patients per day shared among about 8 to 10 House Officers with supervision of 1 to 2 Medical Officers, a Specialist, and a good number of experienced senior nurses. Being on call one in three days and therefore working every other night, they are obviously extremely overworked. Most fortunately survive the year, and the majority seemed to enjoy what they do.

Some of my unique experience here were clerking patients and then documenting and communicating them in two different languages altogether. It was an advantage for me whose mother-tongue language is Malay as most patients although of different races in Malaysia, are able speak the language. Documentations are mostly in English and communications among healthcare professionals are mix of both English and Malay. Even so, language barrier is still a challenge in Kuala Lumpur hospitals as is it is London. A considerable number of patients are from countries like Indonesia, Myanmar and middle-Eastern countries who are here for studies or work. There are trained translators working in all hospital department, however due to limited resources, the doctors and nurses sometimes make do with sign and body languages during critical moments like delivery. In all, I am impressed with the quality of healthcare provided in this government hospital, considering their workload and the limited resources that they have (patients pay RM 1.00- 20p per night of admission).

To conclude, I thoroughly enjoyed the opportunity to play an active part in the management of patients, particularly assisting procedures, here in Kuala Lumpur. I felt that I am now better-equipped with a sound hands-on knowledge which I never had before. The differences between Malaysia and the UK were fascinating to observe and occasionally frustrated to be part of. In a nutshell, I have achieved my elective objectives and I would recommend my experience in Malaysia to fellow students in England. This was a very enjoyable elective attachment, and with initiative and enthusiasm there were many learning opportunities readily available.