

Elective Report: A Comparison of the Hospital Setting Between the UK and Malaysia

Over the course of four weeks at my chosen hospital in Malaysia, I learnt a great deal about medicine, their healthcare system, and about the medical profession and career development. For my placement I was based at Pusat Perubatan Universiti Kebangsaan Malaysia or translated from Malay as the National University of Malaysia Medical Centre/ Hospital (HUKM). Located in the South East of Kuala Lumpur in the district of Cheras, HUKM is one of the major tertiary referral centres in Malaysia and one of two based in the capital city Kuala Lumpur, the other being Hospital Kuala Lumpur (HKL). I was based with Vascular surgery team at the hospital for the entire duration of my elective.

At first sight the hospital complex seems moderately large. However the entire hospital complex is much bigger than what first meets the eye. The accident and emergency department occupies a building of its own with ample space for emergency vehicles at the rear of the hospital. The university medical school campus occupies a very large block opposite the A&E department and seems at one with the hospital. On entering the main hospital building, it is easy to see that the hospital is not very old and is extremely large and spacious inside as well as being clean and tidy. One could say that such a hospital would not be out of place anywhere in Europe.

My first exposure was to the surgical outpatients department. Unlike any UK outpatient department, the hospital had a dedicated space for surgical outpatients only. However I soon realised that there were a huge number of patients to be seen by the vascular team that morning and there were not enough rooms for patients to be seen individually by doctors. How did they get around this problem? They decided to have two patients seen by two doctors at the same time in one consulting room! This was an unorthodox way of getting a large number of patients seen as quickly as possible. The obvious down side of this was that patient confidentiality and autonomy was not preserved while on the other hand I did see that junior staff were more confident in their approach to patients as a result of having their senior nearby to help if needed.

If confidentiality was not preserved in outpatients, privacy was severely breached in the endoscopy suite! One patient was having a colonoscopy and there were doctors coming in and out of the room freely with the door being left wide open! Also Identity is rarely checked and often we were assumed to be doctors just because of the way we were dressed.

For the most part the hospital would compare to any in the UK. However it was small yet significant things in the clinical areas where one could tell the difference from a UK hospital. Having been so accustomed to hand washing policies in NHS hospitals on our clinical placements it felt very strange that there was a lack of alcoholic hand wash, even in clinical areas such as the outpatient department where I was based on the first morning. Even more shocking than this was the frequent lack of available soap near wash basins. Often I had to ask nurses and doctors to get hold of soap. When discussing hygiene with the doctors, everyone seemed to understand the importance of hand washing, particularly between seeing patients. However there seemed to be no policy or provision to encourage hygienic behaviour.

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.