

I had the opportunity to spend time at the Radiology Department in Hospital Kuala Lumpur in Malaysia which is the biggest government run tertiary referral hospital in Malaysia (1). I chose to do my attachment in Radiology as I felt that I had little practical experience in this field and thus saw this as an opportunity to hone my analytical and diagnostic skills whilst learning about healthcare in an unfamiliar setting.

As a result of this I spent the majority of my time analysing radiographs, attending interventional radiology, ultrasound and CT as well as attending team meetings in the morning where difficult cases were discussed. I also aimed to get a general overview of secondary healthcare in Malaysia.

The objectives for my placement were to:

- Investigate common presentations of illness. How did they differ in radiology and does a lack of specialists in Malaysia impact on treatment?
- Investigate how the healthcare system operates in a multicultural society such as that of Malaysia. Does this have any impact on the provision of healthcare? Identify any screening programs available in Malaysia.
- Determine how the skills taught whilst on elective could be transferred to working life as an FY1.

After finding my way to the department on the first day I was comforted by the fact that most of the communications between health care professionals was in English. This was true for handovers, team meetings and note writing in particular. This is a remnant of Malaysia being under British Rule between the 18th to 20th centuries wherein many British customs were adopted. This is specifically seen in within healthcare where contemporary medical practices were also adopted to replace traditional treatments.

Another part of this legacy is the educational system which regularly sends Malaysian students to the UK for Higher Education. This results in a high proportion of British trained Doctors working in Malaysia's hospitals. Despite English being the main administrative language it was noted that the language of choice for communicating with patients was the local language, Bahasa Malay.

British rule is only a small part of Malaysia's heritage. In addition to colonial rule by the British Malaysia has been ruled in part by the Portugese and Dutch. As well as this many immigrants have settled in the country through trade routes from the 18th century and onwards which has created an ethnically diverse population. This is reflected through customs, religion, language and cuisine. This cultural diversity was ubiquitous throughout the clinical environment and could even be detected without before even seeing a patient. This was mainly seen in the variety of names which

were reported on. Some were Malay, others Chinese and others still were Indian. This makes for an interesting variety of presentations.

In comparison to the UK there is much blurring between primary and secondary care with patients often presenting to accident and emergency as a first port of call. On a national level the five leading diseases in Malaysia are ischaemic heart disease followed by mental illness, cerebrovascular disease/stroke, road traffic injuries and cancers (2). At Hospital Kuala Lumpur the total number of admissions for the year 2010 was 115,394 patients. The biggest admission figure is that of respiratory disease often related to smoking which makes up 10% followed by malignant neoplasms which made up 9% of admission figures for 2010. Thus the total number of X-rays is 317,468 (1). This can be compared to the Royal London which has a total number of 868,035 attendances, X-rays and scans carried out 357,629 (3).

One of the big illnesses which is screened for in Malaysia is dengue fever which as of January 2010 3002 cases have been reported (4). And there is a specific drive from the Department of health notifying professional healthcare workers of the disease. This is to the point where hospitals have clerking sheets specifically for dengue fever. The disease which is mainly transmitted by the aedes mosquito can cause symptoms of fever, malaise, joint pain and a petechial rash. It has also been known to be transmitted vertically from mother to baby and from organ donation as well as blood transfusions. It is listed as one of the World Health Organisation (WHO)'s most neglected tropical diseases and is endemic throughout Malaysia possibly due to rapid urbanisation, population growth and global warming.

From this placement I have learnt the importance of radiography and the analysis of images in different modalities. This will encourage me to keep up to date with my analytical and diagnostic skills in radiology. I have also learnt the importance of being aware of cultural differences and hope to implement this in my everyday practice by reading up on cultural practices which may effect health care implementations thus increasing my cultural awareness.

In conclusion Malaysia is a country with a health care system delivering a high standard of care for all citizens in a manner which is sensitive to the differing cultures and religions which exist in the country.

1. Hospital Kuala Lumpur, (2010), Health Facts 2010, URL:
<http://www.hkl.gov.my/content/hfacts/HEALTH%20FACTS%202010.pdf>, date
accessed: 10/06/2011
2. World Health Organisation (2010), Country Cooperation Strategy 2010, URL:
http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_mys_en.pdf, date
accessed: 10/06/2011
3. Bart's And The London Trust, Vital Statistics 2009/2010 (2011)
[http://www.bartsandthelondon.nhs.uk/about-us/annual-review-2009-10/vital-
statistics-2009-10/](http://www.bartsandthelondon.nhs.uk/about-us/annual-review-2009-10/vital-statistics-2009-10/), date accessed: 10/06/2011
4. IZATUNSHARI, The Star Online, Increase in dengue cases (2010), available URL:
<http://thestar.com.my/news/story.asp?file=/2010/1/25/nation/5539336&sec=nation>,
date accessed 10/06/2011