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Elective report
Sarawak General Hospital, Kuching
Sarawak, East Malaysia

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Introduction:

I chose to do my elective at Sarawak general hospital in east Malaysia. Sarawak is one of two states of east Malaysia/Borneo the other being Sabah. During our elective we saw many unusual cases and saw the differences and similarities between a modern Asian health care system and that of the United Kingdom. As well as the hospital we got to know the local people and an understanding of their culture. We also had the opportunity to visit national parks, see the local wildlife and enjoy the amazing local cuisine.

The Elective:

Sarawak general hospital is located in the very green city of Kuching which is the capital of the state of Sarawak. It is very different to the very modern and noisy city of Kuala Lumpur being more relaxed and quieter. There is a mix of old British colonial buildings, traditional buildings and modern high rise luxury hotels. In Sarawak itself there are 26 different ethnic groups - some of them are known as the Iban, Bidayuh, Kenyah, Kayan, Kedayan, Murut, Punan, Bisayah, Kelabit, Berawan, Penan and are indigenous to the land of Borneo being settled there for thousands of years and live in rural and difficult to reach areas. The Malays and Chinese populated the area recently and tend to live in urban areas. The city is separated by the Sarawak river, with the South bank's population predominantly Chinese and the north of the river being Malay. The total population of Sarawak is about 1 million, with many people living in rural areas, unable to access health care, come to the hospital or are referred by health care workers when they cannot cope with their illness or condition. The conditions seen at the hospital are those seen in text books e.g large goitres and extreme cases of rheumatoid arthritis.

The hospital is located in the heart of Kuching and serves the whole of East Malaysia. There are smaller district general hospitals in Miri and Sibul but they do not have many facilities and advanced cases or patients are referred here. There are 800 beds but more beds can be provided if needs be. This hospital does not deal with any cardiac cases as there is a separate hospital for cardiology not far away and there is a shuttle between the two hospitals. All forms of cardiac investigations, clinics and surgery take place there.

The hospital is run in a similar fashion to that of the UK. The hospital is government led patients that need to be seen pay 1RM (0.20p) in A/E or to the clinic they present to. They need to pay 50RM (£10) if they require tests and up to 500RM (£100) if they need inpatient care for a large period of time or ITU care. If the patients cannot afford this social workers can get involved and treatment can be free of charge. The framework for the multidisciplinary team is very similar to that of the UK as well. There are

physiotherapists, social workers, paramedics and senior nurses/staff nurses. The junior doctors have 12-14 hour shifts and can work up to 100 hours a week. If they are working in A/E they are not allowed to leave the area until the end of their shift. There are 46 languages spoken in the area as well as there being numerous dialects and so translators are frequently required as many of the doctors speak Malay, English, Tamil and Chinese.

Accident and Emergency Department

All patients that need to be seen in Accident and Emergency are referred by GPs or come in by themselves and pay 1RM at the reception. The A/E is split into three zones-green, yellow and red. Green is minors and red is resuscitation. The paramedics, apart from working in the ambulances work in A/E. They are able to prescribe and do procedures such as suturing. The patients that require further attention were seen by the house officers or medical officers (registrars). There was no such area such as surgical assessment unit or medical assessment unit. Patients were either admitted on to wards or kept in an area adjacent to the emergency department.

The infections seen commonly at the hospital included Dengue Fever (838 cases in 2010) and Japanese encephalitis. Malaria is not commonly seen in Kuching but here though there are some cases of Japanese encephalitis. Japanese encephalitis is taken seriously and is on the vaccination schedule for all preschool children. Typhoid is never seen, but hepatitis B/C are commonly seen. There was an outbreak of H1N1 in the area a few years ago and a separate area adjacent to the A/E was used for patients in quarantine. Common conditions seen are those in any developed country such as chronic obstructive pulmonary disease-exacerbations commonly seen in A/E and pneumonia.

Paediatric Placement

I chose to do my placement in paediatrics, the paediatrics ward was large (40 beds) and had a high dependency unit (6 beds) as well as a neonatal intensive care unit (6 beds). Paediatrics in Malaysian hospitals is health care for children under the age of 12. If children over this age are seen in A/E they are seen by medical officers. Children under 1 are seen immediately by medical officers and an officer from the paediatric medical team is called. There were many interesting cases to be seen on the ward such as achondroplasia, hydrocephalus and a baby with Cushings that was caused by the overuse of steroids. There is an immunisation schedule that all children need to undergo-they are vaccinated against measles, mumps, rubella, Japanese encephalitis, diphtheria and tetanus. The Pneumococcal component is not given as it is very expensive and people are encouraged to get their child vaccinated privately for this. Child protection is taken very seriously as it is in the UK and if child abuse is suspected social workers and child protection team informed.

We were also able to go trekking at the Bako national park and get a glimpse of the Proboscis Monkey. We also saw the rafflesia, a rare flower specific to Borneo which blooms only five days a year.

Summary:

My elective at Sarawak general hospital was a very memorable experience. I not only learnt about the Malaysian health care system and was able to see conditions I would rarely see in the UK. I felt that in many respects the workings of the hospital seem to be more efficient than that of the UK even though the hospital had just started using computers to order tests and record notes etc. We found the people very warm and welcoming and the food especially Roti canai and drink –teh tarik is definitely recommended. We also were able to explore the wildlife and scenery. There was opportunity to go and rural communities in the rain forest but I had not been vaccinated for Japanese encephalitis and was unable to go. I would recommend this elective to future students as there is so much to see and do not only at the hospital but in Sarawak.