

Elective Report- Kuala Lumpur Hospital.

I spent my elective shadowing doctors in the capital city of Malaysia, which was an enlightening experience for me, both in terms of medicine and also the culture of the country. I thoroughly enjoyed my time there and it made me appreciate the health care, training and education we have in the UK.

I was expecting to see more diseases such as Malaria/Rabies/infections but in Kuala Lumpur the conditions that I saw were mostly similar to what I would see in a London hospital, this may be due to the fact that Kuala Lumpur is a developed city, where mostly the rich and educated live. However, the doctor did inform us that in the East coast and places like Borneo, Malaria and rabies were more prevalent and hospitals and health care were not as advanced as the health care in Kuala Lumpur.

The five top leading causes of admission in the hospital in 2009 were:

1. Diseases of the respiratory system (12 261)
2. Malignant neoplasms ((10 569)
3. Complications of pregnancy, childbirth and the peuperium (8325)
4. Accident (8927)
5. Normal deliveries (5808)

And the top five leading causes of death were:

1. Malignant neoplasm (513)
2. Septicaemia (475)
3. Heart disease and disease of pulmonary circulation (327)
4. Cerebro vascular diseases (215)
5. Pneumonia (167)

As you can see from the above these conditions are not too dissimilar to the diseases people most often are admitted with in the UK. The life expectancy in Malaysia is approximately 74 years and infant mortality rate is comparing favourably with Europe and United States of America.

Healthcare in Malaysia is under the responsibility of the government's ministry of health, a two-tier system, consisting of a government's universal healthcare system and alongside it there is also private health care for those who can afford it. The private healthcare trusts have the latest imaging and diagnostic equipment. However, Malaysian healthcare has radically transformed since its independence in 1957 and where it adopted the western medical practice into the country. Prior to this reform, in

the pre-colonial times, the practice of medicine was confined to traditional herbal remedies amongst local populations of the Malays, Chinese and other ethnic communities. Since the transformation, healthcare is now meeting the needs of current diseases and political expectations.

It seems that healthcare is now of great importance to the government and the doctor informed us that a greater percentage of the budget was now being invested in the public healthcare. In the recent years the government has been actively trying to improve healthcare of Malaysia and so existing hospitals have been undergoing refurbishment and expansion, new hospitals and polyclinics are being constructed and equipped whilst training is also under improvement. I was pleasantly surprised at how clean the hospital was and in every ward and most corridors there were cleaners supporting a green uniform. I later found out that the government hires separate cleaning staff to keep the hospitals hygienic and hospitals often have inspections from staff hired by the government to maintain a top quality healthcare.

Healthcare in rural areas is still not as developed as in the main cities due to the lack of medical centers but the government is trying to improve this by expansion of tele-primary care e.g. more polyclinics. In the rural areas doctors often find that they are the only doctor to approximately 10,000 people due to the lack of medical schools and therefore shortage of doctors due to a lack of expertise. The government is paying more students to go abroad and paying for them to study medicine to tackle this problem and in future there should be a lot more practicing doctors in Malaysia than in previous times.

The training in Malaysia seems a lot more intense than in the UK, as there are fewer doctors in each hospital with people having to work long hours and being on call practically every day. Doctors are required to work 4 years with the public sector with 2 years as a houseman and a further 2 years working in a public hospital throughout the country. However, there is a lack of highly trained specialists, thus, certain medical treatments and operations are only available in the cities. Some doctors are unable to cope with the pressures and the intense compulsory training that they have to undergo so often leave medicine, adding to the shortages. Doctors informed us that it was very hard to sometimes maintain a social life and some doctors chose not to marry or have children as it was difficult to have both a career and a family.

Dr Farique, a registrar surgeon did have a family but only got to see them once every fortnight due to his wife practicing medicine in a different city. I felt overwhelmed with admiration for most of the doctors and the sacrifices they go through to care for others. I realized that although junior doctor years will be tough but here we get a lot of

support and help which interns over in Malaysia are treated very harshly without appropriate support. Hopefully with advancing medical care and more money being invested for training and expansion this may mean more people choose medicine as a career and more suitable working environments can come into practice.

My main concern when I first arrived in Malaysia was whether I will be able to communicate effectively with the staff and patients. However, I found that practically everyone was able to speak to English in Kuala Lumpur, from people working in market stalls to staff in hospitals and departmental stores. This again showed how developed Kuala Lumpur was and it was hard to believe that the country gained independence so recently. When I went travelling to the East coast this was where it was hard to find people who spoke fluent English and little children did not go to school and were helping their parents out with the family business. The scope of contrast between the 2 places in terms of health and education was alarming and it almost hard to believe that they were both in the same country. But the people were so friendly and helping wherever we went and I felt safe in most situations. I will definitely recommend others to do an elective in Kuala Lumpur as the people and staff were very friendly and it is a very good opportunity to improve your clinical and communication skills in a hospital that is willing to teach and guide you.