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RESPIRATORY MEDICINE

ELECTIVE REPORT- Kuala Lumpur General Hospital, Malaysia

What is the leading cause of admission at Kuala Lumpur general hospital, Malaysia giving possible reasons why. How does this differ from the UK?

Hospital Kuala Lumpur is now the largest hospital under the Ministry of health of Malaysia and is considered to be one of the biggest in Asia. The hospital had approximately 120,000 admissions in the year 2010. The leading cause of admission was diseases of the respiratory system making up 10% of all admissions. In fact it has been the lading cause of admission since 2008. Diseases of the pulmonary circulation, chronic respiratory diseases and pneumonia all appear in the top ten leading causes of death at Kuala Lumpur general hospital (based on 2010 statistics). In Malaysia, lung cancer accounts for 13.8% of all cancers in males and 3.8% of all cancers in females. The majority of lung cancer patients are smokers. Smoking appears to be a huge contributing factor to the ever rising respiratory associated hospital admissions and deaths. About half of all Malaysian men smoke. Smoking among female teens is rising. According to two studies on teens conducted in 1996 and 1999, the numbers of female teens smoking rose from 4.8% to 8%. As a consequence lung cancer is rising at a rate of 17% a year. Heavy advertising targeted at young people, despite restrictions in place has meant that now one in five teenagers smoke in Malaysia. Another contributory factor appears to be the continued use of asbestos in building materials. Asbestos is the single biggest workplace killer today. On 28th April 2010 MTUC and The Building and Wood Workers' International Asia Pacific urged the Government to ensure a total ban on the use of asbestos by 2015. Whether this will be implemented or not is questionable.

In the UK alcohol related problems are the leading cause of admission. Hospital admissions for alcohol misuse stood at half a million in 2002 and have doubled, now costing the NHS £2.7 Billion every year. Alcohol is now the second biggest risk factor for cancer after smoking and is the biggest cause of liver disease, which is the fifth most common cause of death in England. Factors that are contributing to such statistics include the increasing availability of cheap beverages, an increase in the "binge drinking" culture and the use of alcohol to deal with depression and anxiety.

Alcohol related problems are almost negligible in Malaysia. Despite alcohol being readily available, Malaysia is a Muslim country and the consumption of alcohol has been forbidden in Islam (the religion followed by most Malays).

What health care services are in place to deal with the leading cause of admission discussed above?

In Malaysia, the specialty of respiratory medicine has slowly evolved over the last few decades. Thirty to forty years ago only a handful of physicians in Malaysia specialised in respiratory medicine. These physicians were mainly concerned with the care of patients with TB which was then one of the leading causes of death in the country. With the decline of TB, other respiratory diseases have become more important. Respiratory care services have now expanded to include care for patients with asthma, COPD, pneumonia, lung cancer, sleep apnoea syndrome, etc. Respiratory diseases are responsible for a high percentage of general practice consultations, emergency department attendances and hospital admissions, and gaining greater importance as a cause of morbidity. Today, the number of respiratory specialists has increased in both public and private institutions. However, the number of respiratory physicians is still far from adequate and a large proportion of patients with respiratory diseases are still being managed by general practitioners and general physicians.

Opportunities for respiratory medicine training in the country are improving with the increasing number of accredited training centres. Research and publication output in respiratory medicine is still low in Malaysia but the situation is gradually improving.

The Malaysian Thoracic Society has played a very important role in the field of respiratory medicine in Malaysia, organizing annual scientific congresses, medical education activities as well as seminars and workshop on respiratory medicine. The MTS has published guidelines on the management of adult Asthma (1996) and COPD (1998).

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How does the Health care system in Malaysia differ from that in the UK?

Healthcare in Malaysia is divided into private and public sectors. Specialist treatment and hospitalisation form the public healthcare system and is funded by the government whereas the private sector (primary care) is paid out-of-pocket by the patient or by medical insurance. Private hospitals also exist, particularly in urban areas. These hospitals are equipped with the latest diagnostic and imaging facilities. 5% of the government social sector development budget is spent in public healthcare. The Malaysian health care system requires doctors to perform a compulsory three years service with public hospitals to ensure that the manpower in these hospitals is maintained. There is still, however, a significant shortage in the medical workforce, especially of highly trained specialists; thus, certain medical care and treatment are available only in large cities.

Healthcare in England is mainly provided by England's public health service- the National Health Service. This provides healthcare to all permanent residents of the United Kingdom that is free at the point of use and paid for from general taxation. Though the public system dominates healthcare provision in England, private health care and a wide variety of alternative and complementary treatments are available for those willing to pay. Private health care has continued parallel to the NHS, paid for largely by private insurance, but it is used by less than 8% of the population.

What were your first impressions of Kuala Lumpur general hospital and reflect on your time spent there. How has this placement contributed to your personal and professional development?

On arriving at Kuala Lumpur general hospital we were surprised at the sheer scale of the building. We later realised that it is in fact one of the largest hospitals in Asia. Most people in Malaysia speak English to a good standard. Ironically all the signs and posts within the hospital were in Malay. This made it very difficult for us to find our way around. Once we located the education centre we were greeted warmly by Dr Ling May the director of education. We spoke of what we would like to achieve from this placement and talked through our objectives. For the greater part of my attachment I was based on a surgical firm. I noticed how similar the working day was to that of a surgical team in the UK, with a ward round every morning and clinics, theatre and ward work carried out throughout the day. However my surgical team dealt with any surgical case admitted regardless of speciality. On questioning I was explained that most surgeons train as general surgeons, operating on almost any part of the human anatomy if required. This requires a vast amount of knowledge on human anatomy and physiology, making their training exceptionally difficult. Where on one hand I was in awe of them, I did wonder whether having to know so much compromised on the detail with which they knew things and thus on patient care. All doctors are required to wear a white coat which is seen as a symbol of tradition unlike the UK which abandoned the practice as it saw them as a harbinger of infection. Ironically hygiene and infection control is strictly monitored within hospitals by the government. Private companies are hired by the government to assess levels of hygiene within hospitals annually. The smallest of breaches can lead to action against the trust.