

Yr5 Elective Report Hospital Kuala Lumpur

Ameana Khan
(18/4/11 - 27/5/11)

OBJECTIVES:

1. Describe the patterns of disease/ illness of interest in the population with which you have worked and discuss this in the context of global health
2. Describe the patterns of health provisions in relation to the country in which you contrast this with countries, or with the UK
3. To develop creativity problem solve, further existing clinical skills and explore possible alternative career opportunities and possibility of work abroad.
4. To gain knowledge of the importance of diseases that are uncommon in the UK.

- 1. Describe the patterns of disease/ illness of interest in the population with which you have worked and discuss this in the context of global health**

The disease pattern I was exposed to on my elective placement in Hospital Kuala Lumpur (HKL) were predominantly acute cases. A high proportion were due to trauma, as a result of road traffic accidents. Typically, the patient was male between the ages of 16-50 years. This is a result of larger number of vehicles, young drivers and higher speeds on the road. Globally, road traffic accidents are one of the major killers particularly young males, which can be contributed to lack of driving experience and greater risk taking behaviour on the roads and highways.

There were many acute cases, which had an underlying chronic cause such as diabetes, heart disease. With a rise in income level, Malaysia is displaying similar dietary patterns to the western world, which has led to an increased incidence of obesity contributing to circulatory disease. Currently in Malaysia the top two leading causes of death are due to Ischemic heart disease (IHD) and cardiovascular disease (CVD).

When comparing disease patterns life expectancy for males is 69 and females is 74, the top five causes of death are :

- Ischemic heart disease,
- Cerebrovascular accidents
- Lower respiratory infection
- Chronic obstructive disease
- Hypertensive disease

When comparing this information to the UK the life expectancy for males is 77 and females is 81 years, which shows on average about a ten year difference in life expectancy. This could be contributed by lack of access to healthcare as most of the health service is privatised and the public service has limited resources. Additionally possible lifestyle factors from what I observed food consumption has become very westernised and there is very little in the way of health promotion, unlike in the UK where an active role in educating the public is taking place.

2. Describe the patterns of health provisions in relation to the country in which you contrast this with countries, or with the UK

Health provision in relation to the Accident and Emergency (A+E) department has been neglected over the years in Malaysia. One of the reasons is that it is a new department and previously had no specialty physicians, only orthopaedic consultants and general surgeons. At present many A+Es are still under staffed which results in poor management by undertrained and sometimes even junior doctors. The speciality is starting to be recognised and better training programmed is being developed. Pre-hospital care is still quite underdeveloped with involvement from both governmental and non-governmental organisations such as St John's Ambulance. There are no certified paramedics or nursing staff run emergency medical technicians majority and ambulances are under equipped.

Contrasting this Malaysian system to the British system, A+E has been established for a longer period. Thus the British system has sufficient number of specialists in A+E. These departments are nationally under strict control regarding waiting times, equipment and the training of staff. Pre-hospital care is advanced in comparison to Malaysia; all staff are given high standard of training which continues throughout their career.

3. To develop creativity problem solve, further existing clinical skills and explore possible alternative career opportunities and possibility of work abroad.

On my placement there was a language barrier that I was face with, this meant I had to be more creative in the manner I communicated with patients, their families and some staff e.g. acting out things, using diagrams, using a medical phrase book.

I was further able to develop my clinical skills and knowledge of cardiac arrest calls. I found I was involved in more cardiac arrest calls which I have never had any real exposure to in the UK this made me appreciate the importance of a cohesive team, where communication is clear and everyone knows their role. Furthermore having hands on experience of a cardiac arrest has help in preparing me for my future patients who suffer arrests.

When observing the doctor-patient relationship I was not surprised to discover that their relationship was more paternalistic in comparison to the UK where we use a patient centred

approach. I can see the advantages of using a paternalistic approach it leads to a more speedy management. At the same time it made me appreciate the patient centred approach, I found patients were more likely in Malaysia not be informed about what was going on which caused the patient and their family unnecessary distress.

Having my placement in Malaysia it made me appreciate the British medical system and how we all take for granted the work directive and standard of care towards patients and staff. The doctors are overworked and the department is really understaffed with the specialist and equipment, which hinders patient care but does lead to doctors being more creative. I know if I were to even attempt to work in Malaysia it would be difficult on language front and possible hindrance in career opportunities as I was not from Malaysia. I would in the future wish to partake in international aid work with a non-governmental organisation such as Doctors without borders. This elective has made me appreciate the obstacles that I face such as language, possible training and exams I would have to sit.

4. To gain knowledge of the importance of disease/ conditions and situations that are uncommon in the UK.

During my A+E placement I had my first exposure to a patient who was a body-packer. The patient was found unconscious in the early hours of the morning by police at Kuala Lumpur airport. When he arrived at A+E he had fixed dilated pupils, hypertensive, tachycardia, tachypnoea and had started to have seizures. He was intubated and admitted to intensive care at all times he was heavily guarded by police.

An abdominal X-ray showed four packets, which they removed, and one of them had burst. Cocaine was suspected which was confirmed by urine analysis. The patient was managed conservatively. Later the security was increased around the hospital for potential high jacking from drug traffickers, which had occurred previously. I found this an interesting case not only on just a medical level but also the psycho-social and legal aspects involved. It is easy to forget that when a patient comes into hospital there many factors one needs to take into consideration on which you would base your management.

APPENDIX 4

Student's SSC 5c (Elective Report) and Completed Risk Assessment

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future.

Name: AMEANA KHAN

Dates of elective: 13/4/11 — 27/5/11

Elective address: PEJABAT PENGARAH, HOSPITAL KUALA LUMPUR, JALAN PAHANG, 50586 KUALA LUMPA

Elective contact / Supervisor: Dr. HAFIZ MANSOR

Contact address / Telephone / E-mail of elective placement: HAFIZSM@GMAIL.COM

Subject: A+E

Clinical experience: A+E

Good points: Lots of hands on experience and come across new clinical scenarios which I have not seen before

Shortcomings: Language barrier

Deviations from risk assessment:

Accommodation: Sir Tiara Luxury Residence

Travel arrangements: Taxi

Other experiences and information useful to future students:

The elective assessment must be completed to provide evidence of satisfactorily completing your elective. You must also provide a completed risk assessment form (from appendix 2).

You will need to provide hard copies of Appendices 2, 3 and 4 to the Student Office within one week of the completion of your elective at the absolute latest. Remember that you will not be able to pass year 5 without having provided the evidence that you have satisfactorily completed your elective.