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GENERAL MEDICINE

Elective Report- Malaysia

Objectives:

1) Malaysia is a privileged society in terms of the current health system in place and technologies available. What are the main risks the population is prone to? Describe these in the context of global health.
2) Look into socioeconomic and mortality patterns and trends in Malaysia, including the ministry of healths objectives with regards to healthcare provision.
3) Identify the types of operations that occur in the majority and the challenges faced during these procedures. Make suggestions about how these may be overcome.
4) To be able to adapt to a totally novel environment and learn the art of applying medical knowledge in any global setting. Look for new/unusual experiences and how these may improve my development as a junior doctor and how I may be able to apply these experiences in the UK.

South East Asia's rich history and recent industrialisation, modernisations and globalisation have raised issues for the regions health systems. The region has many modern technologies which are now available to the population, however, the co-existence of many traditional health practises present regulatory problems with regards to safety and quality, though the demand for better healthcare is increasing due to increasing educational levels and ageing populations. Also, new challenges have emerged with rising trade in health services, migration of the health workforce and medical tourism.

Across the whole of Southeast Asia, there is a highly divergent health status and health systems as a result of diverse social, cultural and economic differences. Southeast Asia's peculiar geology makes it one of the most disease-prone regions in the world, being more susceptible to natural and man-made disasters that can affect health, some of which include earthquakes, floods, typhoons and environmental pollution as well as the long-term effects of climate change. The rapid epidemiological transition occurring in this region of the world is resulting in disease burden shifting from infectious to chronic diseases. Striking reductions in infectious diseases such as tuberculosis have been achieved but these have been offset by increases in non-communicable diseases included cardiovascular diseases and cancers.

As already described, there has been a great rise in life expectancy with a concomitant decline in mortality levels in South East Asia. This change is thought to have happened for a number of reasons. An important determinant was improved living conditions in terms of household income, safe drinking water, better nutrition and medical improvements.

Although much of the mortality from infectious diseases is very low in this region, the use of tobacco has substantially increased thus doubling death from cardiovascular diseases since the 1970's. Malaysia has many ethnic groups; however, those of Indian origin have the highest mortality rates compared to the Chinese and Malay. Such trends also exist for Diabetes mortality.

Mortality from HIV and Aids has also been on the increase over the past decade whereas infant mortality and maternal mortality are showing a gradual decline.

I realised after spending time in Malaysia that governments and non-governmental organisations have provided reforms and suggestions to improve health and reduce mortality. Some of the suggestions have been listed below:

- Governments need to strengthen policies to expand and enhance primary healthcare services.

- Disparities exist in health status among different groups of people in some countries, despite the efforts made by Governments. Health-care services should be targeted at groups that are disadvantaged geographically and socio-economically so as to improve their access to good quality health-care services.

- Governments should facilitate equity in access to health care, by introducing advanced technology and ensuring access to specialized health personnel and hospitals when needed, among other measures.

- Governments should promote and build on the growing community awareness of healthy lifestyles.

- Health-care systems should take into account emerging health problems related to infectious diseases as a result of increasing population movements and international trade.

- Greater emphasis should be placed on sector-wide interventions and partnerships to link health with initiatives in reducing poverty and improving living standards.

The majority of operations that I witnessed during my time at Hospital Kuala Lumpur were in orthopaedics, gynaecology, urology and neurosurgery. The hospital itself was well equipped and very well developed. The operating theatres, much to my surprise, were extremely similar to what we have here in Britain. The procedures for consenting, anaesthetising, through to monitoring the patient were identical. The scrubbing up process and equipment used was also much the same. All the processes that took place were very organised with a lot of staff to hand to run the department smoothly as well as insuring patient health and safety.

However, outside of the operating department I noticed that this wasn't the case so much. It was apparent that resources on the wards were somewhat limited. Hygiene was an issue with blood-stained items left to hang around freely and patient care compromised. Arranging operations was not as straightforward as I have seen it to be in the UK. Patient lists were not readily available, records were not easily accessible and communication between doctors, nurses and patients was poor. It was a sad phenomenon seeing patients suffer and not knowing what was going to happen

yet, but it was also understandable from the staff point of view with limited numbers of staff and resources and the extremes of temperatures and climates.

It may be possible to overcome such struggles by employing more staff, making the importance of communication better known to staff therefore lubricating the communication between themselves and their patients and also modernising communication methods within the hospital itself, for example, using electronic methods for keeping patient records such as we do here in the UK, thereby making patient records a lot more accessible for other member of staff. Also, modernising the building itself by implementing air conditioned systems may help reduce the spread of disease and make it a much more tolerable environment to work in.

All these experiences in a totally novel environment taught me the art of adapting to new people and situations in extremely short spaces of time and under stressful situations. Initially it was a bit of a challenge trying to apply my medical knowledge in such a setting, where notes were not easily accessible and language was a major barrier.

I experienced seeing unexpected cardiac arrests, discovering patients behind red curtains who had already passed away which was a completely shocking experience and patients in severe respiratory distress. Alongside being shaken up, stressed and melting in the heat, these situations taught me the importance of remaining totally calm and collected in order to insure patient safety, particularly when making life-changing decisions in the spur of a moment. As a junior doctor, such life experience will be invaluable for me as I may be able to apply the knowledge I have gained to benefit my very own patients. I will also be able to share these experiences with my fellow colleagues in the hope that this may also be a lesson for them.

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