

My Elective in Kuala Lumpur General Hospital, Malaysia

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Introduction

Kuala Lumpur (KL) is the capital and largest city of Malaysia, with a population of 1.4 million as of 2010 [1]. With respect to population and economy, KL is the fastest growing metropolitan region in the country and thus is referred to as the "Asian Dragon" by some commentators.

Malaysia is a federal monarchy, found in Southeast Asia and is comprised of thirteen states. There are two different geographical regions, separated by the South China Sea; Peninsular Malaysia and Malaysian Borneo. KL is within the Peninsular.

As a result of the economic rising of Malaysia, there are high-end hospitals with excellent services.

Kuala Lumpur Hospital has 49 different departments and units. These include the administration & finance department, the pharmaceutical department, training and research, 27 clinical departments and 12 clinical support services. The hospital is now the largest hospital under the Ministry of health of Malaysia and is considered to be one of the biggest in Asia. It is a government tertiary referral hospital, located on 150 acres of prime land with 83 wards and 2302 beds [2].

View of the 5-storey hospital's main block (below) as you approach from the Maternity Hospital. The building on the right foreground is part of the Radiotherapy Outpatient Clinic. HKL has a huge staff of 7 000 workers with almost 100 professions in various fields and disciplines. Out of the total number of staff, there are about 200 consultants and specialists, 500 medical officers and registrars, 10 matrons, 100 sisters (ward managers), 1,600 registered nurses, 750 trained assistant nurses, and 40 trained mid-wives. The remaining staff are pharmacists, tutors, assistant pharmacists, medical assistants, administrative personnel and hospital attendants [2].



Figure 1: Kuala Lumpur Hospital [2].

The History of Kuala Lumpur Hospital

1870 : It was developed as a district hospital comprising of 3 wards i.e., the Tai Wah Ward, the Choudhry Ward and the Malay Ward.

1920 : Upgraded to 25 wards (1st. class in Bangsar, 2nd. class and 3rd. class).

1962 : Development of HKL from Phase I to Phase IV. The development of the various phases were as follows:

Phase I (1962 - 1968): Maternity Hospital, North Ward Block, Radiotherapy Department and Hostels for staff were built.

Phase II (1968 - 1972): South Ward Block, Neurology Institute, Surgical Block, Radiology Block, National Blood Transfusion Centre and more hostels were added.

Phase III (1972 - 1973): Specialist clinics, Outpatient Department and Doctor's hostel were constructed.

Phase IV-A (1973 - 1974): Trainee Nurses hostel and Clubhouse added.

Phase IV-B (1975): Orthopaedic Institute, Urology Institute, Artificial Limb Centre and Radiology Block built.

The last phase of HKL was completed at the cost of RM 77 million.

1973 : HKL started functioning as a teaching hospital for UKM medical students.

1986 - 1988: Repairs and refurbishment of old building (Wooden Block) were performed.

1989 - 1992: Paediatric Institute was constructed.

1994 - 1997 (Phase II) - Upgrading of the Institute of Radiotherapy, Oncology and Nuclear Medicine [2].

Healthcare in Malaysia has undergone some radical transformations. The earliest pre-colonial medical cases were confined mostly to those traditional remedies that are evident today in Chinese, Malay and other ethnic groups. However, with the birth of colonialism, more modern and westernized medical practices were slowly introduced to the country [3].

Vaccinations

The medical society of Malaysia also recommends all expatriates, travellers, and tourists to visit their personal physicians or travel health clinics at least four to eight weeks prior to departure. Vaccinations for the following medical conditions should be sought:

Hepatitis A- recommended for all travellers

Typhoid- recommended for travellers who may drink or eat outside major hotels and restaurants

Yellow Fever- required for every traveller that is more than one year old upon arrival. Not recommended otherwise.

Japanese Encephalitis- for the long term traveller in rural areas, or for those who may be engaged in unprotected and extensive outdoor activities in rural areas.

Hepatitis B- for travellers who may have direct contacts with local residents. This is very important, especially if the visit is for more than six months [3].

My Experience

During my 5 week elective, I was placed in the department of medicine and also experienced some surgery, which I took the initiative to organise. I was able to clerk new patients and engage in the management of these patients too. Furthermore, I was able to take part in procedures, such as cannulation, venepuncture, arterial blood gas sampling, catheterisation, and central venous line insertion. This was under the supervision of specialists, medical officers and house officers. This enabled me to further improve my clinical skills, making me more confident and competent in executing these tasks. Also, through communicating with the patients and the staff at the hospital, I feel I gained a unique experience in understanding cultural and societal views on illnesses.

The types of morbidities that I saw were similar to those in the UK, namely diabetes, hypertension, cardiac and respiratory conditions (angina, chronic obstructive

pulmonary disease). However, there were also a large number of patients with tropical infectious diseases, in particular dengue fever.

Data collected from KL hospital shows that the five leading causes of admission in 2008 and 2009 are as follows [4]:

2008

1. Diseases of the respiratory system – 8.79% (of total admissions)
2. Complications of pregnancy, childbirth and the puerperium - 8.73%
3. Malignant neoplasms – 8.58%
4. Accidents – 7.82%
5. Normal deliveries – 7.72

2009

1. Diseases of the respiratory system – 10.46%
2. Malignant neoplasms – 9.03%
3. Complications of pregnancy, childbirth and the puerperium – 7.95%
4. Accidents – 7.62%
5. Normal deliveries – 7.51%

Data collected from KL hospital shows that the five leading causes of death in 2008 and 2009 are as follows [4]:

2008

1. Septicaemia – 26.16 % (of total deaths)
2. Malignant neoplasm – 17.80%
3. Heart disease and disease of the pulmonary circulation – 13.52%
4. Cerebrovascular disease – 8.24%
5. Accidents – 6.86%

2009

1. Malignant neoplasms – 19.97%
2. Septicaemia – 18.49%
3. Heart disease and disease of the pulmonary circulation – 13.12%
4. Cerebrovascular disease – 8.37%
5. Pneumonia – 6.11%

References

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