

PAEDIATRICS

PAEDIATRICS IN MALAYSIA

ELECTIVE 2011

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OBJECTIVES:

Describe the pattern of diseases of paediatric cases in the Malaysian population and discuss this in the context of global health ?

Describe the pattern of health provision in Malaysia and compare this with the UK ?

To gain an understanding of common infectious diseases that occur amongst children in Malaysia

What cultural and language barriers were faced and how did you overcome them ?

During my elective at Hospital Kuala Lumpur, Malaysia, I undertook 5 weeks of shadowing in paediatrics. During this time I observed and shadowed various paediatric wards, whilst noting and experiencing the difference between Malaysian and the UK health systems.

Paediatrics was divided into six wards according to medicine and surgical sub-specialities.

Introduction

Malaysia has an estimated population of 27,468,000 and the probability of dying under the age of five is 6 per 1000 live births as recorded in 2009.¹ Hospital Kuala Lumpur is the largest government hospital and is considered to be one of the biggest in Asia. It is a tertiary referral hospital and has a vast number of specialist departments.

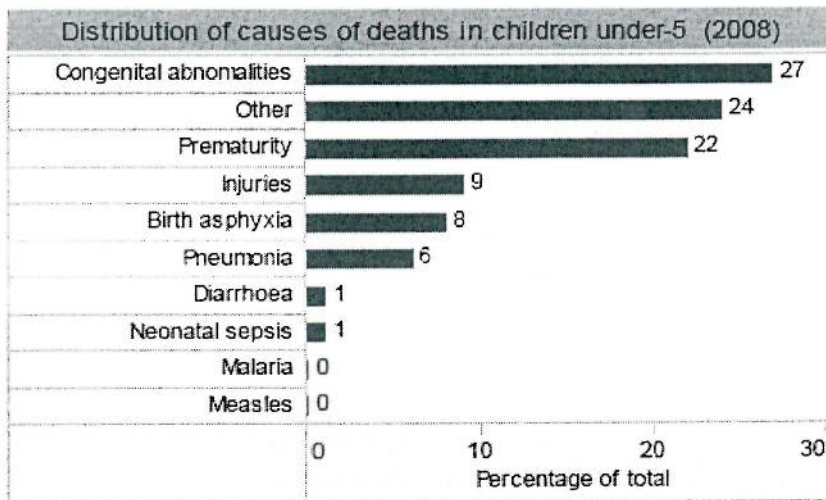
Disease Patterns

While shadowing in the respiratory paediatric wards in Hospital Kuala Lumpur, I observed that there were increased admissions due to upper respiratory diseases such as tonsillitis, laryngitis and pharyngitis, although there was a high prevalence of pneumonia and asthma. I also spent a few weeks in the gastroenterology wards where the common admissions were gastroenteritis and nutritional deficiency. A rare condition that I observed was Hirschsprung's disease. In addition, I also observed rare conditions such as Japanese Encephalitis and an interesting cardiovascular case of tetralogy of fallot.

In comparison, during my clinical placement in Royal London Hospital in the UK the common paediatric admissions were due to asthma, and lower respiratory infections such as pneumonia. The rarer conditions seen were those of cystic fibrosis. In terms of GI disease, the common gastroenterology conditions were gastroenteritis, GORD, appendicitis and the rare conditions consisted of coeliac disease, inflammatory bowel disease and inborn errors of metabolism.

In the context of global health the disease pattern of paediatric cases are divided into categories of infection, maternal and perinatal conditions, communicable, non-communicable infections and trauma. In Malaysia, the incidence of communicable, infectious, maternal and perinatal conditions and non-communicable conditions was equal, and a small percentage of mortality was due to trauma. Non-communicable conditions were divided into malignancies, endocrine, cardiovascular and respiratory conditions^{2,3}.

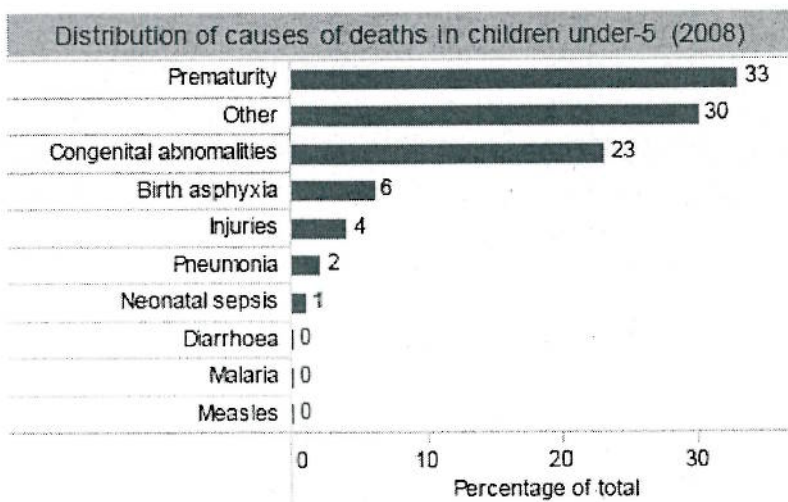
There is high incidence of tuberculosis and lower respiratory conditions. Children still suffer from measles, mumps, rubella and polio. There is increased mortality due to perinatal conditions and malignancy. A small percentage is due to nutritional deficiencies, cardiovascular and respiratory conditions^{2,3}.



MALAYSIA [3]

Overall, there has been a decline in the infant mortality rate from 13.1 per 1000 live births in 1990 to 6.4 in 2008 to 6 in 2009. Whereas the perinatal mortality rate declined from 13 in 1990 to 7.4 per 1000 live births in 2008. A total 4.8% of the country's GDP is spent on healthcare system ^{1,4}.

In comparison, the WHO statistics on estimated total deaths in 2008 in the UK shows that there is an equal incidence of tuberculosis; this could be due to immigration of individuals from areas in the world with higher prevalence of tuberculosis and successful contact tracing in tuberculosis suffers. There is an increased amount of deaths due to perinatal conditions such as birth asphyxia and low birth weight in the UK when compared to Malaysia. There are more deaths due to nutritional deficiencies and trauma in Malaysia than compared to the UK, which could be due to better nutritional support in children in the UK and a more developed social infrastructure. In addition there is a death rate of five children per 1000 live births under the age of 5 in the UK and 9.3% of country's GDP is spend on healthcare system ^{2,5,6}.



UK [6]

Looking at the United States of America, which has a complete private healthcare system, I noticed that there is still a higher incidence of mortality due to perinatal conditions, tuberculosis, malignancy and congenital conditions. Increased death due

to perinatal causes could be possibly due to the fact that the USA has a more developed and rigid perinatal health care system, which identifies more possible perinatal conditions which deaths are then attributed to. Whereas in Malaysia these same facilities are not available to the entire population and when combined with a developing family care/general practice system it is more likely deaths will be attributed to a cause other than a perinatal condition as they are under identified. In the USA the mortality of children under the age of 5 is 8 per 1000 live births, approximately 16.2% of GDP is spend on healthcare ^{2,7} .

Health provisions

In Hospital Kuala Lumpur the division of wards were split into first, second and third class. The first class wards were air-conditioned individual rooms with one to one nursing and was available to civil servants, army officers and pensioners and they did not have to pay for these facilities.

Second class wards consist of an air-conditioned, modern room. The third class wards were for everyone else where the patients only have to pay for the meals that were also subsidised by the government. They are generally fan cooled, have 8 beds in one bay and approximately 60 patients can be fitted into one ward. There are also private hospitals and clinics for patients who are willing to pay for quicker diagnosis and faster treatments.

Recently the government are establishing a family clinic, which is similar to a general practice in the UK, the primary reason for this is due to increased inappropriate presentation in the accident and emergency department.

In comparison to the UK, there is no class system of wards and the health care system is free of charge. Most commonly the patients primarily present to the GP before going to the accident and emergency department. A minority of patients do prefer to pay for private hospital and clinics to avoid long NHS waiting lists.

Cultural and language barriers

Malaysia is a predominantly Muslim country with a smaller percentage of Chinese and Indian origin population. It was very important to dress conservatively especially in the hospital setting, with a lab coat to be worn at all times.

The patient's cultural beliefs are respected, as it was not uncommon to see patients turn towards alternative medicine.

The predominant language spoken is Malay; it was very difficult to communicate with patients and their families. During ward rounds the spoke to the patient in Malay and then translated into English for my understanding, which was very helpful. It was hard to take a patient's history but I overcame this by asking one of the junior doctors to act as a translator, learning few useful Malay phrases and using non verbal cues to express myself while examining the children's heart and chest. In addition, the

patient notes were written in English therefore it was easy for me to understand their diagnosis and their management plan.

Conclusion

To conclude, I have learned a lot about the healthy care system in Malaysia and in detail about the various common and rare conditions. The disease pattern in Malaysia is similar to UK and USA, with some exceptions such as perinatal conditions, nutritional deficiencies and infectious diseases. These differences are possibly due to different health care systems present in the UK and USA. Overall, my elective experience in Hospital Kuala Lumpur was incredible; I have learned and developed new skills, which I will definitely use as a foundation year doctor.

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