

Elective Report – Hospital Kuala Lumpur

I carried out my medical elective in Hospital Kuala Lumpur, Malaysia. I found this a very rewarding experience and enjoyed my time spent there. I was based in the paediatric department and saw a variety of medical conditions affecting children. The majority of patients I came across suffered from respiratory conditions the most prevalent being asthma, laryngitis and pharyngitis. In the UK, respiratory conditions such as asthma is just as common but there is a greater emphasis in getting a good control with medications at an earlier stage. Laryngitis and pharyngitis are usually well treated within primary care in the UK and patients do not usually present in hospital unless it is severe.

I saw one rare case of Japanese encephalitis in a 7 years old boy that had been admitted to the hospital with this condition for the past 4 years. Japanese encephalitis is a viral condition which is transmitted by a type of virus called flavivirus. Pigs and wading birds are the main carriers of this virus and it can be transmitted to humans through the bite of an infected mosquito. In Asia Japanese encephalitis is the leading cause of viral encephalitis with 30,000 to 50,000 cases reported annually. In Malaysia between 9 to 91 cases are reported annually. This child had been affected severely by the condition and as a result now suffers permanent neurological damage. Seeing a patient with such a debilitating condition at such a young age was a very humbling experience as this condition does not occur in the UK. Dengue Fever is a common infectious disease which occurs in Malaysia, however I found this to be a rare occurrence in the paediatric population, children are less affected and usually present with a fever and rash. Dengue fever and Japanese encephalitis are very rare cases to be seen in the UK mainly due to the difference in weather conditions and no mosquitoes, these may only be seen in recent travellers. There is also better sanitation and hygiene in the UK.

I was surprised to find that congenital heart problems were a major occurrence in Malaysia. Whereas these conditions would normally be treated early in the UK, I found that in Malaysia these were either picked up late or patients would come to hospital much later with symptoms, when the condition would be at an untreatable stage. With better expertise, medical facilities and early screening, congenital heart conditions are picked up early in the UK and can be well treated.

In Malaysia the health care system consists of both public and private sector hospitals. The government heavily subsidises the public sector and around 80% of the healthcare facilities come under this sector. There are government hospitals in each town, such as Hospital Kuala Lumpur where treatment costs minimal or can even be free. Private Hospitals are mostly accessed by middle class patients who can afford to pay for health insurance. During my time that I spent in paediatric A&E I found that as there is no community primary care services available like General Practises in the UK, there was an increased number of patients using A&E services for minor conditions that patients would not normally access in the UK such as colds and coughs. As in the UK, A&E was usually very busy but I found it was

manageable by the doctors with a good system in place and many clinics running through out the day.

I came across a major language barrier in Malaysia as the majority of patients and their parents spoke Malay and very limited English. However as the medical notes were written in English I was able to learn about the patient's condition by reading through their notes and the spoke to their parents with the help of the nurses and was able to mime out that I wanted to examine the patient. I did not encounter this problem when communicating with the doctors and nurse as they all communicated in English. I did not seem to encounter any cultural barriers all the patients and parents seemed happy for me to observe and be part of their medical team.

I enjoyed my time spent in Hospital Kuala Lumpur and enjoyed working with the team. However, I did find that I was unable to help with practical procedures, firstly due to the fact that this was more difficult with paediatric patients and also as their techniques with venepuncture and cannulation were very different. I experienced a difference in the way ward rounds were conducted in Hospital Kuala Lumpur. Whereas in the UK ward rounds are carried out by the consultant in charge, the registrar and assigned junior doctors visiting the patients under their care. In Malaysia I was surprised to find that a grand round was carried out by the head of the department once a week in which all the consultants, registrars and junior doctors working in the department would visit each and every patient on the ward. This would usually be carried out in the UK as multi disciplinary team meetings where the different teams would be present in a meeting and the main cases would be presented.