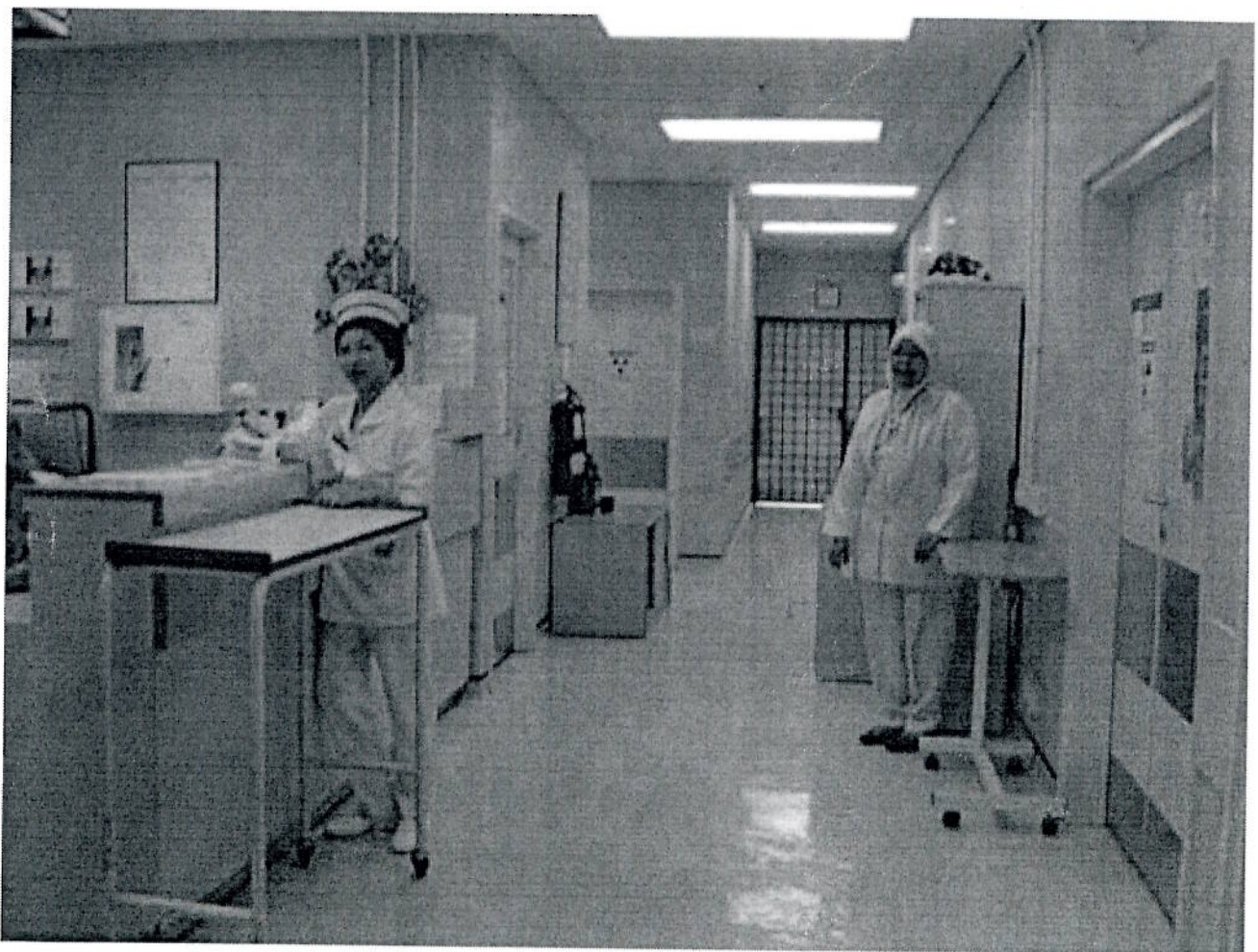


Elective report

Pejabat Pengarah Hospital Kuala Lumpur -



Malaysia 2011

Comparison of hospital Kuala Lumpur with hospitals in London, UK

Hospital Kuala Lumpur (HKL) is a government funded hospital and is the largest in Asia. On arrival, my first impressions of the hospital were that it was built on a larger scale than I had expected and there were many specialised centres located in separate buildings.

In the hospital we were greeted by the hospital director. She gave us an induction and warmly welcomed us, making us feel a part of the hospital team immediately.

Myself and a colleague of mine were paired up and allocated to the general medicine department. We were then given a tour of the department by a doctor's secretary. The hospital was very clean and the staff was friendly and helpful. We were introduced to team members and were involved in the team almost immediately.

However, one aspect that I found very different to UK based hospitals is the little mention of infection control. I could not locate any alcohol hand gels. In fact doctors in the hospital were required to wear white coats and so were we. I felt that this was a major difference for us, as in the UK we followed the policy of bare below the elbows, regular hand washing etc. It was interesting to discuss this topic in depth with staff in the hospital.

Challenges encountered in HKL

Signposting in the hospital

The signs in the hospital were written in Malay. Hence navigation was difficult in the hospital initially. We had to ask people to write down the locations for us so we could convey these with people in the hospital to guide us around the departments. In contrast, hospitals in the UK, particularly those in East London have signs written in numerous languages in order to cater for the multicultural population.

Communication barrier

Communication was also challenging at times, as all patients did not understand English and were more comfortable to speak their own language. We did not have the advantage of having a professional translator on site. However, the staff in the hospital were fluent in English and I didn't experience any problems in communicating with the staff.

Prevalence of disease in Malaysia

In 2002, World Health Organisation (WHO) declared that 71% of deaths in Malaysia are due to chronic disease such as cardiovascular disease, communicable (TB, HIV/AIDS), maternal and perinatal infective diseases, chronic respiratory disease, hypertension and diabetes.

A major cause of the chronic disease is raised body mass index i.e. obesity. WHO data 2005, shows that 29% of men are overweight in Malaysia, whereas the figures are much higher for women, being 48%. It is evident that the prevalence of obesity is rising in women living in Malaysia, however the figures remain stable for men.

The major problem with chronic disease is the ongoing management of the condition, which leads to poor morbidity in the population. This also applies great financial pressures on the government and the population who choose to obtain private treatment for their condition.

The likely solutions for this crisis lie in the area of implementing preventative measures, which is known as primary prevention in the UK. These measures have been highlighted by the government of Malaysia and the WHO chronic care model.

The model aims to target the community, health organisation, private practices and patients directly. The components of this model include emphasis on multidisciplinary teams, evidence based medicine, patient self management support, to carry out regular clinical audits, improve community resources and management of funds.

The chronic disease model is being implemented in the primary care setting in the name of CORFIS community based multiple risk factors intervention strategy. This involves the conditions of hypertension, hyperlipidaemia and diabetes. Targets are being set for the control of these conditions in order to control them in the primary

care setting. This programme is very similar to that being run in general practices in the UK, in which general practices benefit from reaching targets of disease control in the form of being funded by the national health service (NHS).

Considering the diseases that are being targeted and controlled under this programme, it is interesting to note that the treatment goals are the same as those used in the UK, which is Hb1AC less than 7 and blood pressure control of less than 140/90 and 130/80 in the case of underlying diabetes or chronic kidney disease.

Summary

The consistent improvements in the healthcare system and targeting of disease control are very impressive measures being taken in Malaysia. As an elective student, I have immensely enjoyed my experience in Malaysia and will be taking back a breath of knowledge and experience which I have gained. This has truly been a wonderful opportunity for me to reflect and learn before starting my career as a doctor in a developed country.