

Elective Report: Kuala Lumpur General hospital

Kuala Lumpur is the home to many fully equipped teaching hospitals in Malaysia. I chose to undertake my elective at the Kuala Lumpur General hospital in Kuala Lumpur, Malaysia after receiving positive feedback from previous medical students. The aim of the attachment was to attain an insight in to the medical practise outside the United Kingdom and note the similarities or differences between the Malaysian and UK healthcare.

The healthcare in Malaysia is mainly under the responsibility of the government's Ministry of Health. The healthcare system is divided into government-run universal healthcare system and a co-existing private healthcare system. The middleclass population who can afford to pay for health insurance have a diverse choices and access to the many well established private hospitals. However for those who cannot afford to pay for their healthcare, each town has a government hospital where the treatment is free or costs a minimal sum of money. Despite this universal access to healthcare, there are not many health care centres of good quality available in the remote areas. Kuala Lumpur general hospital is the one of the largest hospitals consisting of 38 departments and units. These include the administration & finance department, the pharmaceutical department, training and research, 23 clinical departments and 11 clinical support services.

I was placed in A&E for 3 weeks and then General Surgery for 2 weeks. My objectives were to see what the leading cause of admission and death were in KL general hospital. During my A&E placement, I was allowed to clerk patients, so take detailed histories and examine patients, plan the appropriate management and perform simple procedures such as take blood or cannulate patients. I also attended sessions in Basic life support (BLS), which was very useful. Although a good proportionate of patients spoke fluent English, some did not and I did find clerking to be difficult. The various conditions that patients presented with were very similar in the U.K however patients that presented into A&E actually presented late. There were also more tropical illnesses such as dengue fever.

I looked at the statistics of the leading cause of admissions in KL general hospital in 2010. Respiratory diseases were the leading cause of admissions, followed by cancer and complications of pregnancy, labour and puerperium. Interestingly, accidents were the 4th leading cause of admission in Kuala Lumpur. The current leading cause of death in Kuala Lumpur is cancer and septicaemia. Heart disease and strokes follows closely.

Through my placement, I found the Malaysian medical system is not that much different from the NHS in UK. There is a lot of emphasis on taking a thorough history and performing a full physical examination, both of which were performed well by all grades of doctors. However, because of financial constraints, investigations that were expensive were less freely available and patients had to wait longer for diagnostic procedures. Furthermore there appears to be insufficient number of health professionals directly in contact with patient care. Registered nurses are short-staffed as experienced nurses choose to join private hospitals, and thus as a result, there is a lack of nursing training. House officers tend to fill in the role of nurses and so are overworked.

During my time in the surgical firm, I was closely supervised by the surgical registrar. Again, I was allowed to clerk patients, plan management and conduct simple procedures such as taking out surgical clips from wounds. I also attended theatres but did not have the opportunity to scrub up and assist with the operations. One of the things I was impressed with the hospital was the hygiene conditions. Aseptic technique was given a great emphasis. Ward rounds were very interesting with good bedside teaching. I also attended clinics and was able to clerk patients as well.

From my observation of the interaction between patients and doctors, I noted a great level of respect and shift of power to the doctors. The patients are extremely confident in the competency of the doctor and when given management choices, patients would often happily leave the decision to the doctors. It was very evident that the doctors in KL General Hospital recognized the importance of good rapport and thus built a good doctor-patient relationship where trust was established very early on. The doctors had very good bedside manners, where they would constantly reassure and comfort the patient while remaining honest about a diagnosis. Family were well informed and involved in management issues.

In conclusion, I thoroughly enjoyed my placement in Kuala Lumpur. Not only did I learn about the healthcare in KL, Malaysia and developed my skills in clinical practice, I also learnt a lot about Malaysian culture and their ways of life. It has been a very valuable elective and I hope to revisit the country again.

APPENDIX 2

SSC 5c (Elective) Placement Registration (to be handed to your assessor/supervisor at the receiving institution as you start)

Student's name and contact details:

RAYHANA HASMIN
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Elective subject:

A & E / general surgery.

Elective location; MALAYSIA
KUALA LUMPUR GENERAL HOSPITAL

Supervisor's name and contact details:

DR. FARIQUE RIZAL BIN ABDUL HAMID

OBJECTIVES SET BY SCHOOL	
1	What are leading causes of admissions into A&E? What are the leading cause of death in KL General hospital?
2	What is the pattern of health provision in KL, Malaysia? How does it differ from the NHS in the UK?
OBJECTIVES SET BY STUDENT	
3	Become more competent in carrying out simple procedures. Also, take detailed Hx and examine patients.
4	Become more competent in taking history from patients who start by overcoming language barrier.