

Elective report: Hospital Kuala Lumpur 18/04/2011-20/05/2011
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OBJECTIVE ONE

Malaysia is a privileged society in terms of the current health system in place and technologies available at many of the countries hospitals. What are the main health risks the population are prone to? Describe these in the context of global health?

Malaysia, a developing country has seen a drop in mortality rate over the last 20 years to levels comparable with western countries. However the major health problems faced by the countries population are the rise in communicable diseases, those diseases attributable to nutrition and lastly cardiovascular disease. Communicable diseases include, leprosy, tuberculosis, sexually transmitted diseases, as well as food and water borne disease, rates of which have been superseded by the staggering rise in cardiovascular diseases most importantly ischaemic heart disease in recent times. Despite a decline in mortality rates from infectious diseases over the last few decades, such diseases are still an important feature of the Malaysia's disease pattern and require continual assessment. For example the Incidence of tuberculosis remains high compared to other countries despite widespread BCG vaccination programs.

The rise in cardiovascular disease amongst the Malaysian population has been largely attributed to affluence and changes in lifestyle to which much of the Malaysian population have been subject to. This particular pattern of disease can be compared to trends seen in the west namely the United States and Western Europe where they have been attributed adoption of a sedentary lifestyle and increased consumption of convenience foods which do not adhere to recommended nutritional values.

Despite the extinction of extreme forms of malnutrition in children namely kwashiorkor and marasmus, under nutrition amongst children remains a feature of Malaysia's health risks. This has been largely attributable to poverty, low household incomes, food insecurity, low education of mothers, inadequate supply of safe water and poor sanitation, which are all features of catchment areas within the country. A similar picture can be seen in many third world and developing countries in the world.

Amongst health workers I spoke with during the placement, there is an almost unanimous consensus that a more holistic approach be taken by the government in addressing the health problems listed.

Objective two

Despite Malaysia having a good health system in place it is still expanding. Compare this expanding public healthcare system to the already established NHS in the UK.

The Malaysian healthcare system is split into two tiers. Much like the NHS one tier is run by the Ministry of Health hence the government and provides a universal healthcare to all. The second tier is privately run. In contrast to The National Health Service in the UK, the Malaysian healthcare system is increasingly being funded by the private sector and is subject to continuous reform.

Depending on the class of admission those who can afford to pay are charged a particular amount for particular types of care. However poor patients in the government hospitals do not pay anything. Current government plans include the corporatisation of many of the services which means patients

may have to pay more for the services provided in the hospital. However insurance schemes are in the planning stage which counteracts some of the burden imposed by corporatisation. Similar to the UK, in the private sector, patients have to pay for all the services as these hospitals are financed completely by private companies. There have been initiatives to set aside some of the profits from the private sector health care to help the poorer patients.

The Malaysian health care system serves a very large population and there is a large difference in health care provision in more remote areas compared to more urban areas as is reflected in mortality figures. This health inequality can also be seen in some parts of the UK however to a much lesser extent. In some more remote parts of the country access to quality healthcare is next to none, in most cases this means transfer of patients to larger hospitals, this puts greater pressure on the hospitals as well as the patient and their families. Much like *NHSDirect* a service initiative to reduce 'non serious' admissions to hospital in the UK, the Malaysian government have also implemented a specialist run telephone service for those with medical problems residing in more remote areas.

Objective three

Identify particular challenges faced by anaesthetist practicing in Malaysia. Where possible provide suggestions of how these may be overcome.

I spent most of my placement within the anaesthetics department at hospital Kuala Lumpur however also had the chance to spend some time in Accident & Emergency as well as Radiology. My first exposure to the anaesthetics department was somewhat surprising the level of organisation, equipment and procedure were all very similar to the UK. All the theatres were fully equipped with modern monitoring equipment, anaesthetic agents, gases, drugs, as well as specialist airway equipment for anaesthetic delivery. There were also stringent safety protocols in place. Sub specialities included, general surgery, ophthalmology, trauma and orthopaedics as well as obstetrics and gynaecology. Despite advances in anaesthesiology in Malaysia there is a huge shortage of practicing anaesthesiologist's serving a population of 28 million people. Part of the reason for this shortage is the shifting of many of these specialists to the private sector. The heavy workload for those still practicing in the public sector may also act as a deterrent for many. With an aging population and ever increasing demand for surgical and non surgical treatment involving anaesthesiologists, the shortage of specialists is an important challenge to healthcare in Malaysia. A possible solution from the government may be to offer those who continue to work in the public sector more rewarding prospects. Another option is to train nurse anaesthesiologists similar to the USA health system. This would increase the anaesthesiology work force and help reduce workload.

Objective four


Demonstrate the challenges faced in the healthcare arena in Malaysia, reflecting on them and consider how these may help in your future career in the UK or Abroad.

I have highlighted the some of the key challenges faced by Malaysian health care including disease pattern, changing healthcare systems, large population and shortage of specialists within particular disciplines. These challenges are not dissimilar to those faced by other countries. During my placement the importance of teamwork and efficiency was re enforced and despite healthcare

facing these challenges both these features were vital in maintaining individual patient care on a more day to day level, which the department of anaesthesiology maintained very well at hospital Kuala Lumpur. I have come to realise that never mind what country one chooses to practice there are certain tenants to the practice of medicine which will ensure efficiency when delivering care these include, clear communication both verbal and written, respect for one another, responsibility to one's own rule and of course to place the patient's best interest at the forefront of decision making.

As mentioned before, the incidence of cardiovascular disease in Malaysia has seen a staggering rise. This poses a social as well as financial challenge to health of the Malay peoples. During my stay in Malaysia I noticed a great deal of large fast food chains including all those typically found in the west. This may be a reflection of how the traditional diet is fast changing such changes ultimately contribute to the dietary health and lifestyle of individuals which in turn contributes to cardiovascular health. With the rapid infiltration of western chains into the international food market it is important to recognise the potential effects this may have in terms of changing disease patterns as is reflected in Malaysia. Future practice in the UK as well as abroad may have to take into consideration such changes.

Another challenge faced by Malaysian healthcare which is not dissimilar to many other Asian countries is the over prescription of drugs, this costs the government large sums of money in payment to pharmaceutical companies. I observed many patients demanding receipt of a prescription no matter how much the doctor explained that the ailment they presented with was self limiting. I have previously observed this in the UK however not to the same extent. In future practice at home and especially abroad I would consider alternatives ways to negotiate with patients who in my clinical judgement do not require medical treatment.



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