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GENERAL MEDICINE

Elective Report

Hospital – Hospital Kuala Lumpur
Location – Kuala Lumpur Malaysia
Supervisor – Dr Mohammed Anwar
Dates – 6/5/13 to 4/6/13

I spent my 5-week elective period in Malaysia, attached to the surgical and general medical teams in Hospital Kuala Lumpur. HKL is the largest government hospital in Malaysia, and one of the biggest hospitals in Asia. With 2302 beds across 83 wards, it presented as a unique learning opportunity.

The medical conditions I was exposed to were very similar to those seen in the UK. The most common cause of death in Malaysia is cardiovascular disease, something we are very familiar with in the UK. The most common risk factors for CVD in Malaysia include smoking and hypertension. Nevertheless, according to the HKL stats septicaemia was the most common cause of death in the hospital followed by malignancies, cardiovascular disease and cerebrovascular disease. Furthermore, the disease pattern in Malaysia demonstrated a striking amount of motor accidents and acute appendicitis. In the UK, although these diseases are common, there is also the rising prevalence of autoimmune diseases, which are less common in south East Asia.

Infectious tropical diseases were more common in Malaysia. The tropical nature and hot climate of Malaysia means that the mosquito is a common vector for many diseases, including malaria and dengue fever. However, isolation for such patients was rare in HKL, making the wards a breeding ground for the spread of infectious diseases. This is where we differ in the UK, barrier nursing and isolation in side rooms is common practice, helping to prevent the spread of disease.

Common themes in Malaysia were complications following surgical procedures, a major factor being poor chronic disease management. This is most likely due to the lack of continuation of care after discharge, where primary care systems are far from the standard seen in the UK. In the UK following surgery, patients are discharged back to their GP who will be able to continue their care and keep a detailed record of all hospital admissions and procedures performed. In Malaysia such a system is not developed, thereby relying on the patient's own initiative and interest in their own health care. This is where a major difference lies between the two countries, in the UK an efficient and effective primary care system allows continuity of care and easy liaison between different specialties ensuring chronic disease is managed well.

Comparing the surgical departments in HKL and the UK the main difference is that in the UK we are very specialised. For example, general surgery in the UK is subdivided into hepatobiliary, colorectal, upper GI and vascular surgery. Such a system is advantageous as each surgeon may have a field of expertise and patients can be referred to them specifically. Conversely, in Malaysia a general surgeon will cover all the sub-specialities seen in the UK, and their junior doctors have greater opportunities to see a broader range of surgical and medical patients, helping them to gain good clinical experience.

Compared to the region of south East Asia, Malaysia enjoys a relatively high standard of health care. The health care system is much improved, with a drive towards a national health insurance plan, which will aid the continuing growth and modernisation of the health sector.

The health care system is divided into the public and private sectors. Statistics from the Health ministry of Malaysia show 80% of the population had access to health care in 1999. With an estimated 0.7 physicians and 2.0 hospital beds per 1000 people, during this period health care expenditure was at 2% of GDP. Over the last decade, life expectancy has now risen to 73 years in 2009, but health care expenditure remains at around 2% of GDP. Compared to the UK's expenditure on health care, around 20% of GDP, this does not seem sufficient. However, in the UK, the health service is free to all citizens and has been decentralised. The NHS is financed from national insurance taxation deducted from salaries and this provides a substantial budget to work with. In Malaysia the taxation system is not as extensive and therefore further charges to patients for medications and additional health services are incurred, which are not government funded. Nevertheless, for those who can afford it, health care insurance is proving to be a must in Malaysia, with a drive from the government helping to persuade the population to take this up.

Although Malaysia has some of the best facilities in the region there is still a lack of facilities especially across rural areas. Waiting lists for clinics and surgical procedures are extensive, and emergency medical services are only available in the major cities. On the other hand, the private healthcare system offers top facilities with markedly reduced waiting times, helping to provide efficient services in a clean and hygienic environment.

This ultimately creates inequality in the system. Where the rich are able to gain access to good health care whilst the poor have difficulty gaining any health care at all. This leads to the poor only presenting to hospitals when they are in severe need, this may be a reason why septicaemia is the most common cause of death in HKL; people are unable to see a doctor and only present when it is too late, or they are critically ill.

All in all I enjoyed my time at HKL, it helped me appreciate the NHS health care system and how even though the Malaysian system is one of the better ones in the region, there is still plenty to improve on. Nevertheless, the experience was enjoyable, the doctors were enthusiastic and communication was not a problem. I was able to encounter a different patient base to that seen in the UK, and I am sure this experience will put me in good stead to begin my foundation programme training.