

Elective report: Emergency Medicine; Hospital Kuala Lumpur

## Objectives

1. What are the prevalent emergencies in Kuala Lumpur? How do they differ to the UK?
2. How is health care delivered and how does this differ from the UK?
3. What new experiences were gained and how has this impacted on my career?
4. How important is patient care and the MDT delivered and is it different to the UK?

The Malaysian health care system consists of a dual system with a public and private wing working in symmetry to each other. Both systems in Malaysia are big in terms of user base in stark comparison to the UK where private hospitals are overshadowed by the NHS. The public health system is delivered by the government through the Ministry of Health (MOH) and consists of primary, secondary and tertiary care, through a means of clinics (both rural and urban), mobile clinics, specialist child and maternal centres and hospitals. The system is not free but is heavily subsidised by the Malaysian government and the charges can be quite nominal, for instance a primary health care visit is fixed at RM 1 which approximates to twenty pence, whilst hospital charges are greater and dependant on the issue at hand. The fees do not constitute the main source of funding for the public health system, in fact it only contributes to 2% of the entire MOH budget, indicating the public health system is 98% subsidised.

The private wing of the Malaysian health care system, as mentioned, is well established, with many super-sized private hospitals present throughout, including specialist centres. These are also widely advertised on billboards throughout Kuala Lumpur next to advertisements for various products, indicating it to be a product of choice, something not seen very often in the UK. Demand for private health care is driven by the more affluent members of the Malaysian population who prefer the shorter waiting times and the newer facilities associated with private hospitals. In short, both private and public health care is very prominent in this country and the system itself seems to cope with both. Funding for private health care is based on "Out of pocket payments", where users of private services pay on a pay per use basis. This differs to that of the UK where it is a mainly insurance based system, sometimes run out of the same NHS hospitals.

I was placed at Hospital Kuala Lumpur in the emergency department for 5 weeks whilst in Malaysia and was able to observe, clerk and on some occasions assist. The placement was described as observation only and the hospital was not keen on any hands on experience. A group of us had applied together to this hospital but were placed in various departments and our greeting by the administration department was polite and informative. They provided us with the necessary documentation to take to our departments along with ID badges in order to access the hospital officially. After our introductions I made my way to the Emergency department and introduced myself to the senior on call, who welcomed me, rather quickly, to the department and suggested I shadow a doctor for my stay. During my stay I observed many cases, ranging from those similar to the UK such as MI and trauma cases to more tropical cases such as Dengue fever. Clerking was similar to that in the UK, however the language barrier was apparent on a few occasions which

meant having to abandon the case. One area which proved quite a contrast to that of the UK was the lack of sinks in the department. Infection control protocols were significantly different to that of the UK, with doctors not employing the same level of hand hygiene as we are accustomed too/taught. I tactfully raised the question with one of the doctors I was shadowing who did not believe it to be an issue in Emergency care. Venepuncture was performed without gloves and then moving on to other patients without washing hands, indeed alcohol gel was not present either. It proved to be quite a strange experience, being so used to the protocols present in the NHS. There were other differences; however these were quite minor such as the distinct lack of IT. Films were still being physically printed and observed and results of investigations (blood, US etc) were still being filed on paper rather than on computer.

Another difference was that of the MDT. There seemed to be far fewer team members present, other than doctors, as you may expect in the UK. There were far fewer nursing staff and the difference in team fluidity was quite apparent. Doctors spoke at nurses rather than with them, and there did not appear to be much of a concerted effort but rather a mix of individual movements. This may have simply been a departmental issue rather than a generalised feature of Malaysia team management. My peers in other departments reported better team work within the MDT, however still not in the same manner practiced here.

Patients were treated with respect and dignity in all cases that I came across. On our first day, when we were rather nervous about our new surroundings, we stuck in a group of four but were promptly told on several occasions to split up as this can be quite intimidating for the patients. Curtains were usually drawn when patients were examined or procedures being performed and doctors communicated in an appropriate manner. Patients were made to feel welcome and their right to privacy respected, and this theme was echoed by my colleagues in other departments. There seemed to be little to no difference in the quality of patient care with that of the UK.

The number of admissions to the emergency departments in Malaysia are comparable to that of England, at a national average of 2523 visits per 10000 population, compared to 2839 visits per 10000 seen in the UK. Leading causes of admission were also similar to that seen in London hospitals, with MI and cardiac chest pain alongside respiratory conditions such as Asthma, COPD exacerbations and pneumonia being significant factors for emergency admission. More tropical conditions however were naturally present here, with Dengue fever being quite common with 63.75 cases per 100000 and cases were present during my stay at Hospital Kuala Lumpur.

My experience at Hospital Kuala Lumpur was definitely a positive one. It was both interesting and insightful to view the delivery of care in another countries setting, especially one which faces different challenges to that seen in the UK (relatively no drunken trauma on a Friday night!). I picked up some skills in dealing with situations where communication is an issue and how certain issues are prioritised in a resource strict environment. For me, it has shown that I have a desire to gain more experience in other countries in health care delivery, and to this end I hope to organise some of my foundation training abroad. The elective fulfilled the objectives I had set out for myself, even if it was not what I entirely expected.