

GENERAL
SURGERY**Elective Report: General Surgery in Malaysia, Hospital Kuala Lumpur**

Objectives:

- 1) Describe the pattern of disease/illness of interest in the population with which you have worked and discuss this in the context of global health: What are the most prevalent surgical conditions in Malaysia and how does this differ to those in the UK.

The disease pattern was quite similar to that of the NHS. With the GI team i experienced a lot of acute appendicitis and gallstones. It was very similar to the UK. The Malaysian diet however is a little healthier, in my opinion, to that of the UK as fast food was rare and fish and small meals was the norm. For this reason gallstones prevalence was a surprise to me as obesity is very rare in Malaysia. In trauma and orthopaedics traffic accidents were very high, which was probably due to the high usage of motorbikes in Malaysia.

I also noticed a high number of patients would return to surgery due to poor post operative care, their returns would be due to infection mainly. Many admissions were due to long standing chronic diseases which were managed poorly in primary care resulting in amputations, vascular surgery etc. This was on the opposite end of the spectrum to the UK management of chronic disease. In the NHS we have a very successful primary care system which monitors chronic disease well, therefore reducing the readmission rates or admission rates for surgery due to a chronic disease. I am a strong believer in primary care, as it reduces the costs incurred to the NHS due to hospitals and it prevents diseases, which is better than cure. Therefore the Malaysian system could benefit a great deal by improving its primary care, which would reduce the burden on the government.

- 2) Describe the pattern of health provision in relation to the country in which you have worked and contrast this with other countries, or with the UK

The health system in Malaysia and UK are very similar in regards to the way they are structured. The NHS, gratefully, is a completely free system of health which i see as a great advantage over the Malaysian system, however the Malaysian system is similar to an extent, but instead uses the government to subsidise treatments costs dramatically, however this comes at the cost of greater waiting times of more than 5 hours in A&E, less staff, and less equipment. On the other hand of the Malaysian health system which is also heavily relied upon as oppose to the UK, they have the private sector. The private sector is very expensive in Malaysia, after speaking to many patients they say it is nearly unaffordable even for a working class citizen. On the flip side waiting times are far less as with the UK health system, however unlike the NHS, the quality of care does differ between private and government. You will have better trained surgeons and better equipment at your disposal in a private hospital in Malaysia.

To my surprise i expected a less organised system of health care before embarking on this elective, however, i am impressed with Malaysia's health care system, and as much as i prefer and would tell my temporary Malaysian colleagues about the NHS being great and it's achievements, i still think the Malaysian health system is an achievement.

- 3) Discuss the commonest infections that present in Malaysia and describe any public health measures related to infective diseases.

The commonest infectious disease by far is bacterial diarrhoea from contaminated water. Tap water is not as safe and food hygiene is not governed strictly, which is expected and out of date food is difficult to throw away for the producers as they lose out. Malaria is common outside the cities, but cases although were high compared to the UK, were still nevertheless low. A serious problem was rabies, as there were many stray dogs. The poster for rabies was the only public health campaign related to infectious disease that I saw.

Malaysia's public health awareness is impressive but not as broadcasted as that of the UK. In the UK we use leaflets, posters, advertisements on TV, and public campaigns. Malaysia on the other hand at most has one poster in the city and then a good coverage in the hospital. But having it in the hospital mainly is only beneficial to those who visit the hospital, which is not much compared to the entire public.

- 4) Reflect on the practice of surgery and the management of common surgical problems in Malaysia and state what you have learnt about the healthcare system. In addition, reflect on any practises you can incorporate into your professional career as a doctor.

Being on this elective and attached to mainly surgery I noticed some difference between that of Malaysia and the UK. The UK has adopted and will continue to do so this sub specialisation of making doctors. Why have 10 doctors who can do an 'okay' job, when you can have 3 who are the best? Is what the NHS asks. However in Malaysia the doctors are outnumbered to the patients heavily, for this reason they are not sub specialised as much. They follow the system of having many hands which can do the same trade, and in my opinion, I think this works well for Malaysia. It has the benefit of treating more patients, and making doctors who have a vast scope of knowledge.

The management of common surgical problems is very similar to that of the NHS. However, due to a lack of equipment and access to medicine, many of the patients do not go through a rigid procedure as they do in the UK, such as those eligible for TED stockings, or antibiotic pre/post surgery do not always get it as they just miss the very high threshold. The pre-operative safety check in surgery are not as stringent as they are in the UK.

I felt the surgical teams, or for that matter, the Malaysian health system needs more emphasis on multi disciplinary teams. A patient who has had trauma is usually kept under the care of the trauma surgeon, as oppose to in the UK many members of different teams are introduced to take care of certain areas. This is beneficial as it means better and more specialised care, however on the flip side a lot is lost in communication as there are more members.

Practices i have seen which i would like to incorporate into my own career or which i would like the NHS to include is handovers which are more hands on rather than in a meeting room. In the hospital of Kuala Lumpur handovers were next to each persons' bed so the new doctor could see and understand the case in more detail, although this may be time consuming it means a greater deal of information is passed on. Also junior doctors were more in touch with their seniors and there was a great emphasis on bed side teaching, in terms of the senior explaining to the junior how and why they have come to certain diagnosis, investigations and management.

ELECTIVE REFLECTION and Information

Name: Asadullah Naqvi

Dates of elective: 22/04/2013 to 24/05/2013

Elective address: Pejabat Pengarah, Hospital Kuala Lumpur, Jalan Pahang, 50586 Kuala Lumpur.

Elective contact / Supervisor: Dr Ding Ming

Subject: Surgery

Was it what you expected? No, i expected it to be disorganised and hectic. However i was surprised at how well coordinated it was.

Clinical experience? It was rare to be able to get hands on experience which was disappointing, but having said that there was ample time given by doctors to teach us the reasoning behind what they did.

What did you learn about the people and the country? The people of Malaysia were very kind and welcoming. They were helpful and spoke good English making it easier for me to settle. By the end of the elective i had fallen in love with Malaysia and it almost felt like home. Doctors were kind and to some extent more approachable than consultants in the UK.

What did you learn about the health care professionals you worked with? They were very passionate about what they did, they had a strong thirst for learning. However i think communications skills with patients was lacking compared to the UK. In our university communication has a great emphasis, empathy and building a good rapport. However in Malaysia the work load is so great that doctors were too overwhelmed to be able to sit and actually talk with patients.

What did you learn about the health care system in that country? The health care system is nearly the same as that of the NHS. The difference being that government hospitals are very busy, waiting times are long, and they are understaffed. There is a fee but it is heavily subsidised. The gap between private care and government care is greater than that of the gap in the NHS.

What were the best bits? the best bits was when i helped people they were very grateful and made me feel like a doctor.

What were bits you least enjoyed? Not being able to speak in Malay to patients which could be frustrating.

Were there any shortcomings? They do not use bleeps therefore it was difficult to find doctors.

Would you recommend it to another student? Yes.

Would you do anything differently? I would like to try different departments as most my time was spent in GI surgery.

What did you learn about yourself? I was good at speaking to patients and creating a rapport.

Were there any deviations from the risk assessment? No.

How was your accommodation? Was very nice.

How were your travel arrangements? Taxis which were very cheap.

Other experiences and information useful to future students: Go to Malaysia, it is a beautiful country, amazing people, and you can learn a lot.