

For my elective, I did a General Medicine placement at Sarawak General Hospital in Kuching, Malaysia.

1. What are the main conditions found in general medicine in the Malaysian population?

Some of the most common medical conditions in the Malaysian population are very similar to those in the UK. These include mainly cardiovascular disease and diabetes, which are also very prevalent in the region of London where I study. According to the World Health Organisation ^[1], the majority of deaths in Malaysia are caused by non communicable diseases (67%) and of these; cardiovascular disease is by far the biggest killer. Others include respiratory conditions and cancers. Diabetes and cardiovascular disease is a significant problem in Malaysia and the impact of poor glucose control can be seen easily. An example of this is one patient I saw who at relatively young age and of a healthy weight that had three toes amputated and active signs of peripheral vascular disease which appeared to be worsening.

From the 1980s, there has been a steady rise in the prevalence of cardiovascular risk factors such as hypertension, obesity, sedentary lifestyle and raised blood glucose. This is a very typical picture of the rise in CVD in the UK as well. Raised blood pressure was a common condition I saw in patients on my elective and it is generally more prevalent in males, whereas obesity is more common in females.

Smoking related lung disease is also very common and is evident as there has been a significant rise in tobacco smoking in Malaysia. Smoking is very prevalent amongst young Malaysian males but prevalence is still relatively rare amongst women. Data from 2009 from the WHO estimated that the prevalence of tobacco smoking amongst males aged 15 years and over is 50% in comparison to 2% for women.

2. How is healthcare provided to the Malaysian people?

Malaysia has a universal healthcare system where although the healthcare is a government provision, patients must pay a fee for the health services. Sarawak General Hospital works in this way, as well as most government hospitals in Malaysia.

Primary care consists mainly of polyclinics which can be found in most areas in Malaysia apart from the most remote villages where access to healthcare is a problem. This is especially the case in Borneo Malaysia and the main reason behind this is poor infrastructure. In Peninsular Malaysia, roads and infrastructure are better developed and therefore access to healthcare is less of a problem.

The fees for being seen in a clinic will depend upon the type of clinic. For a general non specialist clinic, patients will need to pay a RM1 fee as opposed to RM5 for a specialist clinic. These include consultations, tests and any prescriptions.

In relation to secondary care, inpatients pay RM3 per night to stay in medical wards and RM5 per night to stay in surgical wards. Further fees are charged for investigations and treatments. Certain patients such as 3rd class citizens have their fees capped and some members of society such as students, senior citizens (65+) and government officers and their families do not have to pay.

In the UK, secondary care is free to all citizens however in primary care, although the consultations and investigations are free, there is a flat rate charge for prescriptions. However, students under 18, the elderly (65+), patients with long term conditions who require regular prescriptions, pregnant women and patients receiving income support are exempt from prescription charges.

Malaysia also has a private healthcare system alongside the government system which is the only options for foreigners and visitors who are not Malaysian nationals or for those patients who would prefer to use private facilities for quicker investigation results.

Despite being the largest hospital in Sarawak I was taken aback by how different it was to a hospital within the UK. I was surprised to find that a large majority of the building was all labelled only in Malay, making it a bit challenging when navigating around.

Clinics also had more patients to see and it was generally a lot more crowded than what I have seen in the UK. Because of this, seeing patients individually is not always possible and some compromise in the form of two doctors seeing two patients in the same room has to be done. Patient consent in this case is implied if patients do not complain. This really stood out for me it is that would something unheard of in the UK and it shows the differences in attitude towards patient confidentiality between the two countries.

Although the healthcare system in Malaysia is run quite efficiently, many of its residents still struggle to pay for medical treatment. Cases where payment is a problem are investigated by medical social workers and patients are charged the minimum amount that they are willing to pay, the lowest being free treatment.

Overall, the Malaysian healthcare system is very efficiently run, however there are problems with the high number of patients that need to be seen and many patients are still unable to afford or access healthcare. It is a very different system to the NHS, where the majority of treatment is free for British citizens.

3. What are the main infectious diseases in Malaysia?

The infectious diseases in Malaysia are different to those seen in the UK. The most commonly seen communicable diseases are dengue fever, TB and Malaria. Dengue fever is more prevalent in the more urban parts of Malaysia such as Kuala Lumpur whereas Malaria is a higher risk in East Malaysia and prophylaxis is recommended especially if you are travelling to areas of dense jungles and rainforests in Borneo. In Kuching, the risk of Malaria is quite low. HIV is not as prevalent in Malaysia however its mortality rate is higher and its incidence is increasing.

In terms of water and food borne diseases, the incidence of food poisoning is quite high. Possible causes may be food preparation and common organisms are E. Coli and salmonella. Bottled water is available here readily which is what we used on daily basis. Typhoid and cholera are more common in the states of Sabah rather than Sarawak and East Malaysia.

4. Explore the culture and customs of the people of Malaysia

Arriving in Kuching, I noticed many differences between Malaysia and the UK. The climate is very different to what I am used to in the UK and it did have an impact on me for the first few days but as the time went by, I began to feel more comfortable with the surroundings, climate and general atmosphere. The locals are very friendly, helpful and relaxed and Sarawak has a vibrant mix of different cultures, including the Malay, Indian and Chinese people who are the main inhabitants. The main religion is Islam and there are a few beautifully designed mosques in the area. It was also lovely to hear the calls to prayer which can be heard anywhere in the city. We spent a few days touring around Kuching to see what it has to offer and I was surprised to find out that it was a British Colony. Kuching seems to be a very modern city but there is evidence of a socioeconomic divide. It has many beautiful national parks, wildlife and beaches, which we thoroughly enjoyed exploring, as well as many restaurants to try different cuisines, especially the seafood!

Overall I have really enjoyed my time in Kuching and have had a valuable experience and I would really like to visit again in future.

References

1. WHO|Malaysia, 2013, Available at: <http://www.who.int/countries/mys/en/>