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SSC 5C - Elective Report.

For my medical elective, I had the pleasure of travelling to Kuala Lumpur, Malaysia. As part of this assignment I was placed on the General (Internal) Medicine ward at the busy District General hospital known as Hospital Kuala Lumpur (HKL). Malaysia as a country is one of the more developed nations within South-East Asia, and the standard of healthcare services provided very much reflects this. In fact, the ward that I was based on was not too dissimilar to what you would find back home in the UK.

Hospital Kuala Lumpur is located in the centre of Kuala Lumpur, the capital city of Malaysia. It is the largest hospital governed by the ministry of Health of Malaysia and many of the staff proudly considered it to be the flagship hospital of Malaysia. It has nearly 30 clinical speciality departments, approximately 2300 beds which are spread across 80+ wards. Regionally it is one of Kuala Lumpur's biggest employers, employing some 700 doctors and almost 7000 staff in total.

The grounds on which the hospital was based on was substantial, and the buildings & architecture were certainly impressive from the outside. Judging by the traffic and volumes of people leaving and entering the hospital it appeared to be quite busy and gave the impression of being fairly well equipped and modernised. This was generally in keeping with Kuala Lumpur the city, which had all the major amenities and infrastructure you would expect and a place which compares favourably with any major capital city of a developed nation.

As I arrived to my ward, however, I was somewhat taken aback by the lack of modernisation that was visible throughout the hospital. It was hot and humid, with little in the way of cooling mechanisms and the ward itself was essentially a large block hall with around 40 beds all closely cramped together. Bays were not clearly demarcated and beds were separated by partition barriers. All in all this meant an environment which afforded little patient privacy and a potential breeding ground for the spread of infectious disease.

In terms of staffing, the ward was very well catered for with one junior doctor attached per bay. All juniors were supervised by one of the 2 middle grade doctors who provided supervision over the whole ward and there were 2 consultants who undertook twice weekly ward rounds. There were numerous members of the nursing and allied health teams based on the ward which meant that at the very least, patients' basic healthcare needs could be looked after. However unlike the UK, the nurses were not as well trained nor as knowledgeable as their western counterparts. On a couple of occasions, I witnessed certain nurses asking doctors about the significance of simple observation values and whether any management was required. This proved somewhat frustrating and a challenging issue for the junior doctors on the ward, as they were already overworked and had several other responsibilities.

Junior doctors were very much at the centre of patient care and were often required to make important decisions and perform specialist practical procedures in order to maintain patient well being when seniors were busy or simply not available. For example one of the junior doctors I shadowed was asked by the registrar to perform an ascitic tap on a patient with acute liver failure despite not being supervised to perform one previously. Fortunately the junior doctor had observed a senior clinician perform this earlier in the week, so was successful in doing this procedure correctly.

Not being familiar with Malaysian dialect was not as much of a communication barrier within the the Hospital as I had initially expected. Most Malaysians are able to understand English, and the majority of healthcare professionals speak it fluently. This is most likely attributable to Malaysia's membership of the commonwealth, and a good proportion of people in Kuala Lumpur speak English as their second language.

As is the case with most countries in South-East Asia, the healthcare system is divided into two sectors; Public and Private. In Malaysia, total government expenditure on public health is only 5% of the entire budget which when compared to the UK's 18% is considerably less both as a proportion and in real terms. This figure probably only covers the running costs of a government run hospital and patients are required to pay for medications and any additional specialist health services which are not within the scope of the government health fund.

The current lack of funding and need for further investment is very much apparent when you walk through the hospital. Shortage of beds was often an issue, clinics and waiting rooms were frequently overcrowded and ward based computer systems were in need of upgrading. Although not having visited a private hospital myself, from talking with some of the staff at Hospital Kuala Lumpur, they mentioned that private hospitals in Malaysia are considerably more developed than the state run institutions. Private hospitals are fully air-conditioned, have state of the art technology and benefit from some of the best doctor's the country has to offer .

Overall I thoroughly enjoyed my elective placement at Hospital Kuala Lumpur. All the staff were very welcoming and hospitable and the patients were incredibly friendly. The junior doctors were very excited about having medical students from the UK shadow them and would often ask us how things were run within the NHS. I encountered patients who presented with a number of different tropical diseases such as Malaria, Dengue Fever, Cholera and Leprosy and learnt the importance of swift management of these conditions in order to optimise patient care. All in all my experience left me appreciating the NHS a great deal and made me realise how fortunate I will be to one day be a part of it.