

Describe the pattern of disease/illness of interest in Malaysia and discuss this in the context of global health

In terms of the pattern of disease and prevalence of conditions, Malaysia is similar to the UK. The most common cause of death in Malaysia is cardiovascular disease due to ischaemic heart disease closely followed by cerebrovascular disease. Lung disease is also highly prevalent in Malaysia as in the UK, with COPD and asthma being the most common; closely linked with the high smoking rates. There are an alarmingly large number of smokers in Malaysia – it is almost a social norm and is further encouraged by the low tax on cigarettes in comparison to the UK. The age range of smokers is wide, with young children beginning this detrimental lifestyle habit. There were some differences in disease pattern in Malaysia as compared to the UK and this was in relation to tropical diseases. Common conditions included dengue fever, typhoid and malaria which are highly correlated to the tropical climate. Other infectious diseases such as tuberculosis were also present and this may be due to a number of factors such as crowded living conditions and poor education.

Describe the pattern of health provision in Malaysia in contrast to the UK

The demographics of the population of Malaysia is relatively young with a high birth rate. The average life expectancy is 73 and retirement age will be increased from 55 to 60 in July 2013. Health provision in the capital city Kuala Lumpur is similar to that in the UK. Health care services can be provided via two sectors: government funded or privately. Generally, medical services in Malaysia are of a very high standard, and medical tourism is promoted to attract foreigners. According to the World Health Organization's report on national healthcare, Malaysia is ranked number 50. A large number of doctors have been trained in the West and speak excellent English. There is a strong commitment to providing everyone in the country with high-quality medical care; however, accessing medical care in remote and rural parts of the country can be problematic. In contrast to rural areas, the capital of Malaysia, Kuala Lumpur provides both private and public healthcare.

Kuala Lumpur's healthcare system is funded by the state government, employers and individuals. While the national government spends 4.4% as at 2010 of its GDP on healthcare, 44.5% originates from individuals. The cost of public healthcare is heavily subsidised by the government to make it accessible to everyone; civil servants, pensioners and the needy receive treatment free of charge. A small fee is paid for primary care at a clinic and hospital care is also subsidised. The public sector is run by the Ministry of Health, which operates a network of general hospitals, district hospitals and clinics, providing different levels of healthcare. A national referral system similar to that in the UK also exists, which gives

patients access to specialist medical care at designated hospitals. Most public and many private hospitals have emergency departments where treatment is available 24-hours a day.

Public health promotion in Malaysia in relation to the smoking ban

Smoking-related disease is one of the major preventable diseases in the world contributing to more than 4 million deaths per year (WHO). The World Health Organisation in 2007, stated that public smoke-free environments are the most effective way to prevent second-hand exposure related illness. Thus they have therefore urged all countries to pass laws requiring indoor workplaces and public places to be smoke-free. In the UK, the smoking ban came into action in July 2007 shortly following Health Act 2006. Malaysia has followed suit and by law, smoking in the majority of public places. However, as we noticed first hand, smoking still occurs in public places as enforcement of the law is proving problematic. Smoking-related morbidity and mortality has now shifted from being a developed country issue to becoming a developing country issue. This has closely correlated with the smoking bans issued in the developed countries such as the UK.

Smoking causes premature death with conditions such as lung cancer, ischaemic heart disease and chronic obstructive pulmonary disease being diagnose almost exclusively in smokers. In terms of health promotion in Malaysia, smoking cessation campaigns are highly promoted due to the excessively large number of smokers. The effect of these, however, is difficult to gauge. In addition to this, there is emphasis on alcohol reduction and promotion of healthy lifestyles with regular exercise and healthy eating.

Self development and reflection on my experiences

It was a fantastic opportunity to be able to travel to Malaysia and experience the health care system first-hand. Hospital Kuala Lumpur is a large hospital in the capital city, Kuala Lumpur and has many similarities to hospitals I have worked in as a student in the UK. It is large, clean and very modern hospital that hosts 27 different clinical specialities, 83 wards and 2302 beds. Although a large hospital, the very high number of patients meant it felt crowded and slightly cramped. This slightly hindered the privacy of some of the patients on the wards. In terms of the work ethic, this was of an extremely high standard with health care staff having an admirable strong sense of pride and consistent dedication to their work. This is despite the extremely long working hours and sometimes less than desirable working conditions such as crowding and overheating. The doctors and nurses on the wards teams were always busy with lists of jobs to get through; similar to the scenes in the UK. It was fascinating to observe the ward rounds and see the hierarchal differences which were more emphasised in Kuala Lumpur as compared to London. There was a great sense of teamwork within the teams and a lot of respect was given to the consultant from all the different

members of the team. There was a clear divide between the different grades of the members of the team and this was more exaggerated in Kuala Lumpur.

I thoroughly enjoyed the placement – we were made to feel extremely welcome and were able to communicate with a variety of people including patients, doctors, nurses and even managers. We were encouraged to explore the city and other parts of Malaysia and were pleasantly surprised by the warm hospitality of the Malay people both in and out of the hospital.