

My elective took place at the University of Malaysia Hospital in the emergency department. I had previously spent 5 weeks on a selected study component in the Royal London Hospital's Emergency department, a large trauma centre in East London. I wanted to compare my experiences in this hospital with those in another country.

Before travelling, I read on the WHO website that there were 80 specialist emergency consultants in Malaysia, accounting for one of the lowest numbers per capita in the world. As a developing country, although with aspirations of becoming developed in the next decade, I was interested how emergency healthcare was provided.

Initial impressions of the hospital were of a large and busy emergency department, which catered for a wide variety of conditions, initially triaged into the appropriate areas. I found that I spent the majority of my time between resus and the acute care unit next to it. I found that these areas gave me the most opportunity to see patients and experience the variety of condition that emergency medicine has to offer.

I found that I was surprised by the number of patients with chronic kidney disease (CKD). This number seemed far higher than what I would expect after coming from the UK. It appeared that the main reason for this was the prevalence of type 2 diabetes mellitus. CKD appeared to complicate a great number of patients visiting the emergency department, and seemed especially prevalent in resus.

I was also able to see a lot of patients presenting with infarcts, whether that be myocardial infarctions or strokes. It seemed to me that patients generally presented a lot later in Malaysia than they would in the UK. This could be due to many high profile public health awareness campaigns in the UK which drives patients to spot the early signs. A similar approach in Malaysia may help to prevent complications of these diseases.

I also found that patients would spend far more time in the emergency department and the acute medical centre than in the UK. This is most likely due to the 4 hour wait targets in the UK, where patients are not allowed to be in the ED for more than 4 hours. While this means patients spend more time in the ED in Malaysia, it does mean that they are able to have more tests done and procedures to be done in order to discharge the patient sooner. This increase in the amount of tests and procedures was quite evident to me in the number of patients in resus who were intubated and would spend a long period of time in resus before being moved to an appropriate area of the hospital. This allows patients to be closely monitored in Malaysia in the resus department rather than in the high dependency units in the UK.

During my time here I also participated in a night shift, where I was able to see the initial management of a young woman who had fell from the 6th floor of a hotel. It was interesting to see the different levels of stepping up and down of this patient as tests were done and the level of her injuries was made clear through the night.

Having spoken to the registrar emergency doctors, it is clear that they enjoy their jobs, and the variety that it entails. They also told me that more and more emergency doctors are being trained, which will improve the population:emergency specialist ratio.