

Elective report– HKL – Kuala Lumpur

I carried out my elective in Malaysia, hospital Kuala Lumpur. This hospital was first opened in 1870 and is now the largest hospital under Malaysia's ministry of health. It is one of the largest hospitals in Asia with over 80 wards and over 2000 beds. Of the 7000 employees there are approximately 200 consultants and 500 medical officers. The hospital has developed in many stages since it was first built and the paediatric department, where I was placed, was constructed only in the last 20 years.

My placement was mostly based in paediatrics, however since I also have an interest in emergency medicine I thought I'd spend some time there too. Before entering the hospital I thought it would be very similar to hospitals in UK, I was expecting to see a modern hospital. This appeared to be mixed. There were some departments that were very new such as the outpatients department. From the inside it looked much like the royal London hospital. The building was clean, air-conditioned and overall appeared to be a modern hospital.

The department in which I was working the story is very different. The paediatric department is relatively old and it looks like it hasn't changed much over the years. Entering the paediatric department the differences between HKL and UK hospitals become apparent. The wards are about as large as those in UK, however there are more patients. This means the beds are very close together. This would probably cause problems relating to confidentiality and possibly even the spread of infections. Due to the heat, the windows were mostly left open and the wards had fans on the ceiling, however, there was no air con on these wards. This was strange since air conditioning is normally found everywhere in Malaysia. The doctors and students on the ward didn't have much of a problem with this, but it was much more difficult for me since I have most of my life in a country where it is mostly cold. The emergency department was similar, although patients had more space.

The delivery of healthcare was similar to the UK. There were daily consultant led ward rounds in the morning. This was followed by the junior doctors doing the ward work the rest of the day. There are also a large number of nurses available on the wards. The management plans were mostly similar to those used in UK. I wasn't expecting to see many differences as I would imagine the management that works best in one part of the world should also apply to another (with some exceptions of course).

Going to HKL as a student was a lot like it is in the UK. Initially I felt like I was just in the way. After introducing myself as an elective student, some of the doctors just continued with their work after introducing themselves but didn't actually advise me on what to do. I had to take the first steps and ask the doctors if I could shadow them. Even then I was mostly just ignored while they got on with their work. This occasionally happens in UK hospitals too so it wasn't something unfamiliar! As you get to know them you can start to be more involved. It was difficult in some cases to be fully involved. Not everyone speaks

English and those that do usually only speak broken English. So history taking was not something I done much of. Speaking to doctors and nurses wasn't a problem since they all spoke English. The emergency department was quiet similar, although it was very busy most of the time so teaching was limited. I have however, been able to learn about diseases in Malaysia and also their healthcare system.

Public hospitals are easily accessible to the population and these hospitals, like HKL, are almost free. Patients do have to pay a small fee since the government has subsidised 98% of the health services and patients pay the remaining amount. This isn't usually a problem, as an example patients who wish to see primary health care services are required to pay 1RM (approx. £0.20) each visit. Malaysia also has over 200 private hospitals due to high demand. These provide higher quality of care and are equipped with better medical technology and faster service. In order to maintain public hospitals all doctors are required to work in public hospitals for a few years after qualifying.

Diseases presenting in paediatric and emergency departments were similar to the UK. However, there were also cases of tropical diseases which are uncommon in the UK. Common causes of death in paediatrics included congenital abnormalities, cystic fibrosis and malignancies. In older children, common conditions in the GI ward included intestinal obstruction from intussusception and also a number of cases of appendicitis. Respiratory ward has many cases of bronchiolitis. So it is fairly similar to wards in the UK.

Unlike the UK, dengue fever was fairly common. This is a viral infection carried by mosquitos. Initially asymptomatic, this slowly progresses to non-specific symptoms such as headache, weakness, vomiting and a high fever. Treatment is usually supportive as this disease is self-limiting. Another common tropical disease is malaria, although there were not many cases in Kuala Lumpur. Malaria mostly occurs in east Malaysia.

This elective was a good learning experience. There is more that I feel I could have done. HKL isn't a best or most advanced hospital in Malaysia. Since many of the hospitals are private, it would have been good to have a look at some of those to see how they differ. I have learnt about the similarities and differences between the delivery of healthcare in UK and Malaysia. Although HKL and other public hospitals may not be as modern as many UK hospitals and they may appear to be old, the delivery of health care is similar to the UK.