

Elective report- Hospital Kuala Lumpur, General Medicine

1. Describe the pattern of disease commonly seen in the Malaysian population and how this differs from the UK.

Diseases I commonly saw in Malaysia are similar to those commonly seen in the UK and include hypertension, congestive cardiac failure, chronic obstructive pulmonary disease and diabetes. Chronic disease is a burden to the Malaysian population just like it is in the UK and complications result in repeat admissions. Metabolic risk factors are similar to the UK and include obesity, raised cholesterol, high blood pressure and high blood glucose contributing to cardiovascular disease. The most common cause of heart failure in Malaysia is coronary artery disease. Health problems in Hospital Kuala Lumpur, a busy inner city general hospital are especially similar to London due to lifestyle factors. There are many fast food restaurants and there isn't much emphasis on reducing fats and sugar in diets. It is also difficult to find low calorie food and drinks in local shops which shows lack of awareness of healthier options. Another problem related to lifestyle and health is that smoking is extremely common, more so with men than women. People start smoking in adolescence and continue smoking throughout life despite the health warnings displayed on cigarette packets. High levels of pollution in the city contribute and worsen respiratory conditions. Although Kuala Lumpur is a modern and industrialised city poverty still exists. A proportion of people live in poor housing conditions which results in overcrowding and spread of infection such as tuberculosis.

2. Describe the pattern of health provision in Malaysia and compare with the UK.

In Malaysia the health care system is similar to the UK as there are both public and private health care services. The public health care system is similar to the NHS as it is available to everyone at any time. However there are some differences. There is an admission fee in Hospital Kuala Lumpur which can be large or small depending on whether the ward is in first class or third class. This differs to the UK as our wards are not based on class. The third class wards have no air conditioning and consist of 50 beds on one ward. The first class wards have air conditioning and are private rooms separate from other patients. For admission to third class there is a total fee of 1 Malaysian ringgit which is equivalent to £0.18 and is thought to be affordable by everyone. For admission to a first class ward, the fee is 50 Malaysian ringgits per day. This is equivalent to £9.22 per day. It is more common to see patients on third class wards which get very busy. There are 12 general medical wards with around 80 new admissions per day. It was interesting to learn that in Malaysia all civil servants who require health care get automatically admitted to first class wards at the same cost as third class. The private health care services are provided by independent health care providers similarly to the UK.

3. What are the main infectious diseases in Malaysia and discuss preventative measures?

Malaysia is a tropical country and I therefore expected to see unusual infectious diseases. The most common infectious disease I came across in Kuala Lumpur was dengue fever. Dengue fever is caused by the Dengue virus which is transmitted by the mosquito *A. aegypti* in tropical regions. The incubation period is usually five to eight days after which symptoms arise. Symptoms described by patients were mainly systemic and included fever, chills, headache and aching muscles and joints. Another name I came across for dengue fever is breakbone fever which I learnt was due to the muscle and joint aches. Dengue haemorrhagic fever and shock are potentially fatal complications. Dengue fever has become so prevalent in Kuala Lumpur that what used to be second class wards have now become specialist dedicated dengue wards. It is a global health problem as there is currently no vaccine. Management is mainly conservative as there are no antiviral medications. Fluid rehydration is the mainstay of treatment and blood transfusion is also used in unstable patients. Dengue fever is particularly problematic in Kuala Lumpur as it is a congested urban city with a crowded population. Education and preventative measures are therefore important. People are taught to prevent mosquito bites by wearing protective clothing,

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using mosquito nets and application of insect repellents. However the main way to control dengue fever is by modifying the environment which Mosquitos reside in which is more difficult.

Infectious diseases I came across on the general medical wards were similar to the UK and included gastroenteritis, pneumonia and tuberculosis. However I was surprised to see that on a ward with 50 beds there would be only two side rooms for isolation. Hand washing was used as a method to prevent transmission between patients and hand sanitizer was available.

4. To enhance and reflect on my communication skills with patients from different cultural backgrounds.

Most people in Kuala Lumpur speak the national language Malay. When I realised that many patients did not speak English I initially felt that I would find it difficult to communicate. However I began to find that even by using simple gestures and body language I was able to build rapport and understanding with patients. Some non english speaking patients were still able to say a few words which helped guide conversation. In other cases I was able to ask hospital staff for interpretation. It was useful that the doctors spoke in English and would include me in consultations. When I examined patients I learnt to show them what I wanted them to do rather than saying it. This is a technique that I have also found useful in placements in London due to the diverse range of cultural backgrounds. I realised that body language is a universal language and is an invaluable method of communication in this profession. After this elective placement I feel more equipped to work in a multi cultural environment such as East London using these skills I have learnt.