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Being a family practitioner in Malaysia; How does it differ to the UK?

My medical elective was at a local private GP clinic in Kuala Lumpur, Malaysia. During our induction we were shown around the premises. I saw the reception area with the pharmacy within it, the main clinic room, which connected to another two rooms containing hospital beds and a room with an x-ray machine. I was quickly surprised at the difference in premises between Malaysia and the UK. I have never seen in-patient beds at GP surgeries before and I had not considered providing this type of care in the primary setting. During my tour I noticed many differences in the up-keep of sanitary conditions; the clinic rooms appeared dusty, there was no hand gel or place for healthcare workers to wash their hands. There was one bathroom that had a strong foul-smell and required cleaning. These conditions appeared to be normal to the workers and patients at the practice. This may be because the sanitary conditions in the clinic area of Kuala Lumpur were lower than in the UK.

On my first day I came to see that patient privacy and confidentiality was not always maintained. This is extremely different to practices I have seen in the UK where patient privacy is to be maintained at all times and patient details are to be kept fully confidential. I saw people walking through the doctor's consultation room whilst he would be taking histories, conducting examinations and giving treatments such as intramuscular injections to the buttock. The people waking through would often be the reception staff or family of other patients walking through to see their relatives being treated in the in-patient rooms. I consider this to be unacceptable practice and I know many UK patients would agree but I was surprised to see patients in Malaysia were not upset by this practice. I feel proud in our UK healthcare system where patients' dignity, privacy and care are always our first priority. In Malaysia, however, I could see the challenges, demands and stress the staff at the GP clinic had to serve a hugely populated area with limited spacing. I can understand how in this surgery it was difficult to maintain patient privacy because there is inadequate space for all healthcare workers and patients. I could see that the doctors and staff were trying to do the best they could in the space and facilities available.

Commonly I witnessed patients' concerns of price of treatment; this concern seemed to be their first priority in the management of their care. These patients would tell the doctor they did not have too much money and asked for the cheapest treatment options. The doctor responded to these concerns by focusing on making an accurate diagnosis and offering effective treatment at a reasonable cost to the patient.

I was introduced to a staff member at the clinic who worked as the receptionist, nurse and pharmacist. She would often have to multi-task between her jobs. I often saw her with several un-named syringes containing drawn-up medicines in her hand. This appeared extremely dangerous to me, as I would not be confident in remembering the contents of each syringe. She did not wear protective gloves or have a sharps bin with her. This would mean following administration she would continue to carry the sets of syringes with used needles still attached. This is an occupational hazard whereby she was at risk of a needle-stick injury but again this appeared to be the normal practice here. I believe the healthcare workers were unaware of the risk of needle-stick injury and had not been taught to wear gloves or take the sharps bin to the patient. I realized how training of healthcare workers differs between the UK and Malaysia, giving rise to differences in practice.

What are the common ailments bringing patients to see their GP in Malaysia?

The commonest reason for attendance to GP surgery was because of work-related injuries. The population served by the GP was the working class immigrant workers from India who would work in dangerous conditions and often not wear safety equipment. Specifically I noticed how patients would present late to the doctor because they would be concerned about

the money it would cost them to seek medical advice. Because of this I often saw infected wound sites. Most of these patients would also ask for a medical certificate, which would entitle them to take time off work without losing their wage. Similar to the UK I saw the doctor having to deal with patients who repeatedly attended for medical certificates.

An example of this case is the case of a 19 year-old Burmese man who works in a factory. His job is to push heavy metal plates with his feet. His job caused him to have several blisters over the feet, which burst and became infected. I asked the patient why he did not wear shoes whilst working and he told me he could not afford them. He presented with his injuries over a month after sustaining them, as he did not want to have to pay medical bills. From this experience I learned that private healthcare for lower-income families means that often they try other remedies at home first and only present to see a doctor when their problems are unbearable. Whereas in the UK there are preventative measures taken to stop such injuries, employers do not provide safety equipment. Over the counter analgesia is not available and so patients suffer in pain in the hope their injuries self-resolve.

The setup of GP services in Malaysia

In Malaysia most family practitioners work in the private sector.

Malaysia has a diverse system of health care, whereby both government-funded and private healthcare operate together. Malaysia has an increasingly aging population and so the Malaysian government has put 5% of the social sector development budget into public healthcare. The aim of the increase in budget is to help in the refurbishment of existing hospitals, buildings and medical equipment. Also, there are government initiates to improve training of healthcare workers. Although there are state-run GP clinics, from my experiences I have learned that even the poorest people in Malaysia are forced to visit private GP surgeries because of huge waiting times. The private GP clinics are set up and run by, usually, a solo doctor. Often these clinics have facilities for conducting investigations such as chest radiography on-site. This allows the doctor to make diagnosis at the time of initial presentation and saves the patient money on consultation fees.

Is General Practice a suitable career for me?

I have spent a lot of time at GP placements throughout practices in East London during my time at medical school. During my time I have seen a range of practices serving different communities. During my last placement I got to see patients by myself; I had many opportunities to conduct consultations, perform relevant examinations and formulate management plans, all of which gave me a good insight into the field of general practice. I learned how important the role of a GP is in the community and the impact doctors in primary care can make to improve patient education and preventative medicine. Having seen GP practice in Malaysia, I have come to understand the needs and demands of patients vary significantly abroad, especially as medical care if often privately run. I saw countless occasions where patient choice was driven cost of treatment, not the effectiveness. For this reason, I feel working in a private GP practice abroad is not the desired career choice for me. However, following my experiences in NHS GP practices, I do feel general practice is a suitable career choice for me. I am keen to work in primary care, offering long-term continued care to patients of all ages from different backgrounds.