

Elective report –Malaysia

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For the majority of students, electives may just be one of the most exciting experience in their medical school life. Doing a 6-week elective work anywhere in the world is thrilling to say the least. For me, choosing the place for my electives was a no-brainer. I chose to do it in Kuala Lumpur, Malaysia; my hometown. One of the many reasons I choose to do it in Kuala Lumpur is to experience firsthand how medicine is practice back in my hometown.

The health system in Malaysia

The health system in Malaysia is different than from the UK. The equivalent to the NHS in Malaysia is the Ministry of Health (MOH). There are government hospitals and private care services as well. There are only 18 government hospitals throughout Malaysia but what they lack in numbers, they compensate by the size of each hospital. Imagine three Royal Londons in one! Unlike the NHS where health is free to all, the government hospitals in Malaysia only provides subsidized services. However, the fee that patients have to pay is minimal. As for example, a visit to an outpatient will only cost the patient RM1, equivalent to roughly 20p here. General Practitioners in Malaysia is all privatized and not linked to the government. They run like a walk-in centre. According to my consultant, this has been a major problem in Malaysia as primary care services is lacking in quality, there is no regular check ups done as they function like a walk-in clinic and there is little continuity of care from primary care to secondary care and vice versa.

Paediatrics in Malaysia

I chose to do my elective placement in paediatrics firstly because I am interested in that particular area, and secondly being a developing country, the challenges around child health in Malaysia is different than in the UK. I was attached to the Paediatric Unit in Hospital Sungai Buloh for 6 weeks. Hospital Sungai Buloh is one of the district hospital in Kuala Lumpur but it is considerably large for its size. It has 1,040 beds and 40 beds in the paediatric unit. The hospital has its own Neonatal Intensive Care Unit but it has no Paediatric Care Unit, so paediatric patients who need critical care review will be sent to the adult Intensive Care Unit.

Throughout my placement there, I have seen variety of cases that I will never be able to see in the UK. Children, and to further extend the general public in Malaysia tend to present late in their disease progress. One of the many factors why this happens is that there is no continuity of care from primary to secondary care. As I have divulged earlier, most GPs in Malaysia runs like a walk-in clinic. It proves to be difficult for GPs and paediatricians to assess the patients without any records of the patients past medical history and other important and relevant details. Another huge factor could be contributed by the public's lack of knowledge on child health. Parents and child-minders often are not aware of the severity of their children's condition. It is a common scenario for a child with high grade fever and rash to be left untreated for days and given only Panadol (equivalent of CalPol) by the parents. It is also heartbreaking to see parents resorting to a more "traditional" approach first; alternative medicine. This health belief stems from the strong cultural upbringing and the enticement of an "au naturale cure". They resort to herbal remedies, "urut" or traditional massages and also shamans and faith healers before going to the hospital.

After discussion with the doctors and other staff members of the ward, the only way forward to approach this problem is by education. Parents and child minders should be exposed to the importance of public child health. For example, they should be more aware of any serious symptoms which warrant medical review. Also, education about management of the children's condition plays an essential role. Asthma is still in the top 10 of causes of child mortality in Malaysia. For example, I had a chat with one of the patients who was admitted due to an asthma attack, together with her parents. After further discussion, I have found out that the child has poor compliance, did not possess the right technique in taking her inhalers and did not have a rescue pack at home. Children with chronic condition is especially challenging to manage, both their medical and psychosocial needs, and I believe more emphasise should be made around this aspect of care.

Working life as a junior doctor in Malaysia

The career progression for doctors between Malaysia and the UK is slightly different. Both requires fresh graduates to work as a foundation trainee for two years and they specialize afterwards. However, in Malaysia, specialty training is a bit different from the UK. For example in specialty training in paediatrics, there are only 3 hospitals in Malaysia where you can do it from or you could take a Masters course to become a specialist (high grade registrar). Because of that, the specialty training program will normally drag on for years, longer than the UK, due to the back log and high competition ratio. After discussion with some of the junior doctors, I personally find that working as junior doctors in Malaysia is much

more challenging. They do oncall once every three days. Oncalls mean that they do their regular 8am-5pm job, and then they have stay overnight until the following 8am as the oncall team. They are often left to make major decisions about patients care and perform complex clinical skills. However, junior doctors do not need to do any administrative paperwork such as discharge forms and audits. Those are left to the nurses. In my point of view, junior doctors in Malaysia are more prepared clinically in the expense of their working hours and flexibility.

What I learned from my electives?

I have definitely gathered precious pearls of wisdom throughout my elective posting at Hospital Sungai Buloh. This is truly an experience which moulds my career as a doctor and also my principle as a human being. The role of preventative medicine and patient education will be an important aspect in my future career. In addition, after witnessing what junior doctors go through in Malaysia, I am grateful to be working in the UK, enjoying the privileges of flexible working hours, good support system and always under excellent supervision.