

Elective Report

Kuala Lumpur, Malaysia

Geography

Figure 1 - Map of Malaysia



The population of Malaysia is 27.5 million people, who reside within 13 states and 3 federal territories. 50.4% of Malaysians are Muslims, who practice Islamic customs and culture, 23.7% are of Chinese descent, 7.1 % are of Indian descent and the remaining 19.8% are non-Malay indigenous people ¹.

Kuala Lumpur (KL) is the capital city of Malaysia, with a population of 1.4 million. This city is a large, bustling Metropolitan part of Malaysia which is also the home to the Malaysian King, who resides at the 'Istana Negara'. Putrajaya is a city 25km south of KL, which was built to become the new federal administrative centre of Malaysia, to ease the congestion in KL from the overcrowding and busy traffic. KL now is one of Malaysia's main tourist attractions with a lot of shopping, eating out and historic sites to see. Both these cities are located on Peninsular (West) Malaysia ².

Figures 2 and 3 – Kuala Lumpur and Putrajaya.

The Prime Minister, Najib Razak, initiated a programme called ‘1 Malaysia’ in 2010, to stress national unity and ethnic tolerance. The concept is being broadcasted nationally using radio, TV and other sources. Politicians, civil servants and community leaders are being educated on the eight core concepts of the programme, through the use of seminars and courses ^{1,2}.

Religion

The most practiced religion in Malaysia is Islam, which was evident after seeing the many mosques around KL and Putrajaya. Christianity, Hinduism and Buddhism are also practiced openly and freedom to practice any religion is guaranteed by the government. The national language of Malaysia is ‘Bahasa Malaysia’ which is a form of standardised Malay. However English speaking people are also prevalent and tourists can communicate fairly easily ³.

Healthcare System

The majority of healthcare provided in Malaysia is through the government funding, although a private healthcare system does exist. Infant mortality, which is a standard for determining efficiency of healthcare in any country, was 10 in Malaysia. Comparing that with the UK’s value of 5.3, shows Malaysian healthcare to be quite effective and also places Malaysia 53rd in the world in terms of Infant Mortality (UK = 25th) ⁴

The healthcare system in Malaysia provides universal and medically necessary healthcare to all residents of Malaysia. This is funded by the government and because of this there can be shortcomings in the care provided. However a secondary tier of additional services can be provided for those with more funds. This type of healthcare system is called a two-tier healthcare system ^{1,4}.

Doctors in Malaysia are required to complete a compulsory 3 year service in public (government) hospitals to ensure that there is not a shortage in manpower. However there is still a shortage of specialists and specialist treatments, therefore overseas doctors of a higher level of training are encouraged to apply. This also means that some treatments are only available in large cities ^{2,4}.

My Elective Placement

I organised my elective placement at Hospital Kuala Lumpur (HKL), which is the largest government funded, public hospital in Malaysia and is in the heart of Kuala Lumpur. I chose the Department of General Surgery for my placement because currently I am not sure whether I want to pursue a career in surgery or in medicine. I was hoping that this placement would aid in making this decision. I arrived for my first day and obtained my ID badge and met one of the Surgeons on the department, who I was told I would be shadowing for most of my placement. However as it turned out I got placed with most of the doctors on the ward, which I felt provided an even better experience.

Figures 4 and 5 – Hospital Kuala Lumpur



'Welcome to Hospital Kuala Lumpur'

The department of General Surgery at HKL has been running since the 60's and the first Malaysian Surgeon to head the department was Dato' Dr. Syed Mohammad Alhady. By the 70's many surgical specialities had branched off into separate departments and general surgery was left as quite a small department. Cardiac surgery moved to the National Heart Institute of Malaysia. Paediatric surgery separated along with Hepatopancreaticobiliary, breast and endocrine surgery. All that remains at the General surgery department is General Gastrointestinal and Colorectal, vascular and some breast and endocrine surgery.

Figure 6 – 'Department of Surgery and Clinics - HKL'



Roles and Responsibilities – ethical dilemmas

My first couple of days at the hospital were mostly filled up with registration at the elective placement office, walking around the hospital and meeting the staff. This, I feel, was a nice and relaxed way to acclimatise to the new atmosphere. The hospital was not air-conditioned and the subsequent temperature inside the hospital was quite a shock for me. I also noticed that the queues for the pharmacy were massive, with patients having to wait hours for a simple prescription.

The timetable that I received on my first day was quite relaxed which meant that I was allowed the odd day off to go out and explore Kuala Lumpur and also meant that I could go in to the department in the evening instead of morning, to get a more varied experience from my elective.

During my placement I met 5th year medical students, house officers and senior doctors. I attended clinics where patients would be clerked by the doctors and the 5th year students would also get opportunities to practice. I also talked with the students about our medical school and the way PBL works, which they found very interesting as their medical teaching is much more traditional. Due to the language barrier I did not practice clerking, but it was still interesting to discuss patients afterwards with the students. There were also many learning opportunities, as I was allowed to attend lectures and seminars with the local medical students.

I observed some surgery and also practiced some stitching when the opportunity was present, as there were always a lot of older medical students and trainee doctors waiting for their turn to practice. I enjoyed this hands-on practice thoroughly and would like to practice again in the future whenever I can. I did not experience many ethical dilemmas during my time at HKL, but on the odd occasion consent from the patient would not be obtained to ask whether it was ok to have students in the consultation room during the consultation.

Learning Objectives

To observe the differences in healthcare between Malaysia and the UK

I completed this objective by seeing as many patients as I could see, observing clinic consultations, ward rounds and surgery. One of the differences that I can expand on is the stage at which some patients presented to the hospital in Malaysia, as compared to the UK. I saw an untreated Diabetic foot ulcer, which was seen so late in the hospital that the surgeons felt that debridement of the ulcer would have no beneficial effect and a below knee amputation resulted of that leg. This late stage of presentation and severity of presentation, I was told, was fairly common among the patients in KL. I feel that this would be quite rare in the UK, due to good diabetic control, earlier interventions and regular checkups in primary care.

This leads me onto another point, which is the difference in amount of primary care in Malaysia compared with the UK. Primary care in Malaysia is somewhat smaller and a much larger proportion of patients are seen for the first time in the hospital, compared with the UK. This, I feel leads to, longer waiting times, less preventative treatment plans being implemented, less monitoring of chronic patients and also much busier workload for doctors at this public hospital.

Another difference was the wearing of white coats and ties and also alcohol gel was less widely used throughout the hospital.

To observe the differences in doctor-patient relationship

Due to the language barrier, I cannot comment greatly on the patient-doctor consultation. But I found that the relationship between patients and doctors was good in most cases, as most doctors consulted in a manner which is expected of good doctors. For example, the doctors had sound medical knowledge, were considerate of the patient's thoughts and feelings and worked well in a team. One difference was that the number of patients having knowledge of their condition, treatment options, prognosis etc in Malaysia was a lot less compared with the

UK, where patients read up about their condition using various sources such as the Internet, leaflets etc. This led to a more doctor-centred approach to consultations which did lead to shorter consultation times, with patients agreeing with the doctor in most cases. However, whether this ultimately leads to better healthcare, is a question that I would like to look into in the future.

To see common surgical procedures and common medical/surgical presenting complaints

During my placement I encountered various medical conditions. The most common complaints resulted from Diabetic complications, such as diabetic foot ulcers, neuropathy, retinopathy and vascular complications.

Cardiovascular disease was also very much prevalent on the surgical department I was on. Balloon angioplasty was one of the procedures I saw frequently, as well as a coronary bypass surgery.

Benefit and impact of elective on host and host institution

HKL receives a lot of overseas medical students on elective placement every year. I am not sure whether all us students bring benefit to the host institution, but from my experience I certainly feel that the host doctors enjoyed having us on the wards and the odd patient that I could communicate with did enjoy conversing with me. Although at times it can get quite hectic and having so many medical students around can be quite a challenging task to manage for the nurses, ward managers etc.

Conclusion

Overall I thoroughly enjoyed my time at a hospital in a developing country, where the people were really nice, friendly and welcoming. The quality of care for patients was of a good standard, but I do realise the benefits we have in the UK of having the NHS. I would definitely recommend future students to apply to HKL and explore Malaysia and especially try the local food. The administrative staff and doctors were very helpful and friendly at HKL.

Word Count = 1,774

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