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Elective report: Paediatrics in Sungai Buloh Hospital, Malaysia

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Elective report

Background

I conducted my elective in paediatrics in Hospital Sungai Buloh in Malaysia, which is a local government hospital which is relatively close to my hometown. It accommodates 620 beds and provides healthcare for the local community. The hospital caters for a significant proportion of regions within the Selangor state. In total, the population in the districts within the hospital's catchment area is 2.18 million people, which is a staggering amount. It is the Malaysian National Centre for Infectious Diseases and it used to be the National Leprosy Centre.

Learning Objectives

Compare the delivery of healthcare between Malaysia and in the UK.

Similar to many other healthcare systems in other parts of the world and in the UK, Malaysia has a two-tier healthcare system which comprises of public and private sector. The public healthcare sector is funded by the Malaysian Ministry of Health (MOH) which provides subsidized healthcare for the general population. Interestingly, the number of private hospitals is bigger than government hospitals. However, government hospitals cater more than 40,000 beds and handle almost 75% of hospital admissions nationally. In addition, only 11% of primary practice centres are government owned and the rest being privately owned. Due to this, primary care does not play a key role as a 'gatekeeper' towards healthcare compared to the UK, where GPs play a significant role in access to secondary or even tertiary care. People who want to bypass long waiting times in government hospitals or can afford private care are able to bypass primary care by going straight to one of the abundant private hospitals in Malaysia.

Some government owned hospitals have private wings which take on private patients and they can sometimes share the same ward. However the wards are classed into different categories such as first, second, and third class depending on patient's preference and whether they are private patients or not. I find this quite odd as there are social strata within the wards and I do wonder whether the treatment that they receive is the same.

When I arrived at the hospital, I was impressed by the hospital design of Sungai Buloh Hospital. The hospital is designed to be an open hospital with a beautiful garden in the middle of the hospital and a bridge on all floors which goes over the garden. Although the weather is humid and warm, the hospital is designed so that there is always a cool breeze and you are always in the shade in every parts of the open hospital throughout the day. The wards and theatres are air-conditioned which is very comfortable for both patients and healthcare workers. The hospital accommodates medical student from 3 medical schools, thus there are abundant of white coats lingering around the hospital and during teaching rounds, seeing up to 15 medical student going with a consultant is the norm.

One of the things that strike me the most is the number of patients that I can see in the waiting area can sometimes be huge. In Malaysia, there is no such thing as the 4-hour breach period that you would find in UK hospitals. Thus, sometimes patients can wait up to a whole day before being seen. I was told that overcrowding is an issue due to the hospitals catchment area and the limited number of beds in the hospital.

Describe the pattern of diseases and illness observed whilst on the paediatric ward.

My experience on the wards has been similar to my paediatric placement in Queens Hospital. During my elective, I was guided by Dr. Kamaruddin where I had the opportunity to see the cases on the wards such as acute asthma, gastroenteritis, upper respiratory tract infections that were abundant on the wards. One of the most memorable case that I saw was a complex management of status epilepticus requiring intensive care. The management was difficult due to the fact that the parents refused to have a lumbar puncture which I was told is common among the local population to refuse an LP. In combination to this, there were poor drug documentation and note taking from one of the SHO leading to confusion in management of the patient, that the paediatric department did not have access to their own paediatric ICU and had to share the adult ICU.

Interestingly, I saw a case of a neonate with MRSA omphalitis which required vancomycin. During their stay, a lot of the discussion revolved around where the infection came from as the Infection Control nurses were adamant that the hospitals kept a good standard of preventative measures. It was quite funny seeing the patient's room labelled with 'Medical Students, Do Not Enter' as I have never seen that during my experience in the UK.

There was also a case of measles which sparked a lot of debate with regards to the population's attitude towards vaccinations. Since the majority of the population in Malaysia is Muslims, I was told that one of the arguments that doctors often use apart from educating patients, especially for people who are reluctant for vaccinations is that the governing bodies of Mecca would not allow entry during the Holy Pilgrimage. However, the anti-vaccination movement in Malaysia is generally weak and that public health efforts to counter anti-vaccination movements are very effectively done by the Ministry of Health.

In terms of the management practices, it is very similar to what I experienced in the UK. Sometimes, they even refer to the BNF and NICE guidelines.

Experience the working environment as a junior doctor in Malaysia.

When I introduced myself to the medical team, I told them that I was a final year medical student and had just passed the final exam and they gave me much more freedom in terms of the opportunity to do procedures around the wards. In terms of doctor-patient relationship, it is similar to what I have experienced in the UK. However, the doctors here

had more authority in terms of their decision making in management as majority of the patient had the 'doctor knows best' attitude.

From what I can see the junior doctors are very hardworking and dedicated. They work with little access to computers compared to the FY1s in the UK. Most of the patients' notes are handwritten and few of them utilized writing down jobs in handover sheets which is commonly used by FY1s in the UK.

Although the national language is the Malay language, handovers between doctors and case presentations are carried out in English. Similar to the UK, a lot of the doctors are from different ethnic background, mainly being Chinese, Malay, and Indian. Thus it makes a lot of sense that the main language used between health professionals is English. However when speaking to patients, the Malay language is used most of the time with a mix of Cantonese and Hindi. I was impressed that some of the doctors are able to converse in all three!

Unlike in the UK and Europe, Malaysia and South East Asia does not have the EU Working Time Directive thus most of the junior doctors that I spoke with say that they work usually 12 hours a day and sometimes it could be more depending on which rotations that they are doing.

Have the opportunity in observing and participating in doing procedures.

The medical team was very helpful and offered me the opportunity to do simple procedures with consent such take bloods from the paediatric patients, taking a swab sample and wound dressing.

Conclusion

My elective in Malaysia was very enjoyable and it gave me insight to the Malaysian healthcare, specifically in paediatrics, and the work environment once I start my career in Malaysia. The people that I had the privilege to know were very friendly and helpful. I enjoyed the hospital placement, making new friends from the local medical school and also I enjoyed the local foods and delicacies!