

## Jocelyn Lam

### Elective Report

#### 1) What is the prevalence of Paediatric conditions in Malaysia and how does it differ from the UK?

Due to the fact that the healthcare system is completely different in Malaysia than that of the UK, in Kuala Lumpur, many different types of conditions ranging from the common cold to the serious disease appear in hospital to be seen by doctors; however, many of them are sent home with very few being hospitalised.

Common causes of hospitalisation in children do not differ much to causes in the United Kingdom as most commonly, children are hospitalised due to respiratory issues. Respiratory tract infections are by far the most commonly seen presenting complaint in children coming into hospital. Children commonly present to hospital with yearly epidemics of respiratory tract infections (noted by the Ministry of Health in Kuala Lumpur as one of the main causes of hospitalisation) such as influenza, bronchiolitis as well as common infectious diseases such as dengue fever due to the temperature and humid climate of the area, which increases the growth and spread of viruses and other infectious illnesses. Other Paediatric conditions that may be seen range from infectious diseases such as hand, foot and mouth disease and scabies to dermatological problems, chronic kidney disease and metabolic diseases.

#### 2) How are Paediatric services organised and delivered and how does it differ from the UK?

Paediatric services in Kuala Lumpur are organised similarly to that of the UK, possibly due to the fact that it is an urban city and therefore can acquire more funding and resources to be able to provide such services to the general public.

National Immunisation Schedule for Malaysia (Ministry of Health, Malaysia)

Vaccine	Age (months)										School years		
	birth	1	2	3	5	6	9	10	12	18	7 yrs	13 yrs	15 yrs
BCG	1										if no scar		
Hepatitis B	1	2				3							
DTaP			1	2	3					DT B*			T B*
IPV			1	2	3					B*			
Hib			1	2	3					B*			
Measles						Sabah							
MMR									1				
JE (Sarawak)							1	2		B*			
HPV												3 doses	

Legend: B\*, Booster doses; B\*, Booster at 4 years age; BCG, Bacille Calmette-Guerin; DTaP, Diphtheria, Tetanus, acellular Pertussis; DT, Diphtheria, Tetanus; T, Tetanus IPV, Inactivated Polio Vaccine; Hib, Haemophilus influenzae type B; MMR, Measles, Mumps, Rubella; JE, Japanese Encephalitis; HPV, Human Papilloma Virus;

Firstly, there is a National Immunisation Schedule for Malaysia, which is similar to that of the UK but differs in the slightest with the omission of Meningococcal C and has an addition of Japanese Encephalitis, which is a serious disease that increases morbidity and mortality in those living in the area and is especially dangerous in children.

Secondly, in terms of services, they do not differ much from the UK – clinics and surgeries run daily and are organised similarly to most big cities. There are neonatal units as well as other sub-speciality units such as dermatology, nephrology, neurology, respiratory, cardiology etc. However, despite the fact that services are similar to that in the UK, I was very intrigued to find an entire building dedicated to Paediatrics separate from the main hospital building. In the UK, the Paediatrics department is almost always included within the hospital with one or two floors dedicated to Paediatric services; however, in Kuala Lumpur Hospital, an entire building, with a separate Paediatrics Accident & Emergency was available. This made me realise the importance of the Paediatric department as a whole as well as how there must be a high prevalence of Paediatric conditions in the area.

### **3) What is the healthcare system in Malaysia?**

The healthcare system in Malaysia is a balance between governmentally run healthcare and the private sector and patients have the freedom to choose which to attend.

Governmental services are slightly similar to the NHS where tertiary care hospitals commonly require referrals (though confusingly, also accept patients who just walk through the door to book an appointment), are completely free of charge, but come with the price of long waiting times for consultations and long waiting lists for procedures. The private sector, though not necessarily promises immediate attention to patients, has slightly better flexibility to patients' requests.

Therefore, unlike the NHS, there is rarely a "first port of call" where patients go to and are then referred to tertiary care. Patients are able to make an appointment to see any specialist of their choice. As a result, unlike the UK, most General Practitioners in Malaysia (except for those employed by Governmental hospitals) are part of the private sector and normally treat common colds, whilst tertiary care doctors spend a lot of their time sieving through multiple cases to sort out the serious from the common.

### **4) Learn to adapt and improve communication skills especially with patients of a different language background**

Adapting to a whole new language setting was definitely difficult as the main

language spoken in Malaysia is Malay, with very little understanding of English. This was even harder as a lot of hospital signs were in Malay as well as staff members not being fluent in English either and so it was difficult not only speaking to patients, but also to communicate to staff members especially figuring out where to go and what protocols to follow.

Because there was such a language barrier, it was very difficult to get patient contact and I spent most of my time observing consultations whilst listening to the translation given by the doctor after each session in order to get a better idea of what was going on. However, as I was attached to the Paediatric department, it was easy getting close to the younger children, as it was more about playing with them rather than having to communicate. Despite this, on the rare occasion when I got a chance to communicate to patients, things I learned when dealing with a language barrier is the importance of patience as well as the beauty of body language. I found it very interesting how despite not using a lot of words to communicate, I was able to have a conversation using body language and hand signs; and by the end of my attachment I was pleased to be able to pick up a few words in Malay to be able to improve my communication with patients as well as staff members.