

DESTINATION: MALAYSIA, HOSPITAL KUALA LUMPUR

Objectives set at beginning of elective:

1. What are the most prevalent reasons for admission to hospital and how does this compare to other areas across the globe?
2. Explain the structure of the healthcare system and how is it similar/different to the NHS in the UK/other countries in South East Asia.
3. What is one of the biggest health concerns in Malaysia? How is this being tackled?
4. Have your experiences furthered your interest in (acute) general medicine? Explain.

Hospital Kuala Lumpur, (HKL) located in the capital city of Malaysia is a renowned hospital. It soon became clear to me that the services provided here are of an above satisfactory standard; thus amongst the general public, HKL is a well-known place to receive treatment. Before undertaking this elective, I had no idea about the size of the hospital, or what the infrastructure was like. However, I was taken aback by what I discovered about it. Prior to joining the M.B.B.S programme at Barts, I had the privilege to do some health-related work experience in another South East Asian country, Bangladesh. In my naivety I was expecting to find similar standards of healthcare in HKL too, but I was pleasantly surprised.

Kuala Lumpur has an approximate population of around 1.5 million people, and HKL serves as the largest hospital not only in the city, but across the entire country. Patients are treated in across more than 80 different wards, and the building itself has more than 2000 beds. During my time, there has been ongoing refurbishment to the existing building, with new state of the art departments being put in place.

The Accident and Emergency department was well equipped with staff, and as expected was always busy. Accident and Emergency doctors worked in shifts, with the working day divided into two main shifts. The first began at 7.30am and ran into the early afternoon. This was interesting for me to learn, as although I have done an entire A&E placement in my final year, I have never thought to enquire about when A&E doctors begin work in the United Kingdom.

One of the objectives I wanted to address on this elective was the common reasons for admission into hospital. I wished to see if there were any similarities or differences in the pathology in Malaysia and the United Kingdom. During my time on placement, I came across many admissions. Dengue fever is a common reason for admission into hospital, and I saw many paediatric cases. This viral infection spread through a specific mosquito is currently endemic in Malaysia. This is similar to other parts of South East Asia where countries such as Indonesia and the Philippines. However, this in contrast to countries such as the United Kingdom where dengue fever does not pose a health concern.

Interestingly, Dengue fever is currently one of the endemic health problems in Malaysia. Being an infectious disease, it remains common due to the all-year around tropical climate Malaysia enjoys. The current monsoon season in Malaysia has also seen a slight increase in the number of cases. Unfortunately there is no vaccine against the disease, and most strategies to combat and prevent it are aimed at the public health level. Due to the infection being spread through a specific species of mosquitos, much is being done to tackle the spread of these mosquitos. This is in the form of advising the public to wear appropriate clothing, to be aware that they are attracted to stagnant water, and also that one may be more likely to be bitten at specific times in the day.

Furthermore, cardiovascular complications are also a common presentation. I saw cases of stroke, and this is similar to the United Kingdom and America; in all these countries stroke is amongst the top five causes of death. I remember seeing a patient in the early period of her stay at hospital; she was being investigated for a possible diagnosis of stroke, and it was interesting to see how the consultant liaises with the juniors to not only teach how to confirm the diagnosis, but also how the department can better treat the patients so stroke management can begin as soon as possible. In the emergency department, trauma cases were also common, namely motorcycle accidents. Moreover, the prevalence of diabetes is also high in Malaysia. With Malaysia being situated in the South east of Asia, tuberculosis is also unsurprisingly a common diagnosis. Unlike Dengue fever, tuberculosis is not an infection exclusively seen in the South East of Asia. It is currently posing a sizeable health burden in London, United Kingdom.

In order to gain a better experience, I also wanted to note the actual healthcare system. The structure of healthcare available to the Malay people is very similar to that of other South East Asian countries. Hospital Kuala Lumpur is by definition a government funded hospital, making it affordable for the Malay people. There is often a small, almost negligible fee payable at the point of care; however the amount is so little that this is hardly ever a problem.

The area of chronic disease management is where financial issues surface. These treatments are not free e.g. a prolonged stay in hospital or an individual with a long term illness. This is where there is a difference to practice in the NHS, where this is free for all citizens.

Furthermore, just like other countries like Bangladesh in the South East, as well as the United Kingdom, there is also a big private sector providing healthcare. Private hospitals and clinics exist which the Malay people also take advantage of.

In terms of the internal hospital system, the general medicine and surgical departments work in a similar fashion to the National Health Service in the United Kingdom. I did find however, that the structure used in the Accident and Emergency department slightly differed to that at home. Back in London, the E.D is divided into majors and minors, with a medical assessment unit. In Malaysia however I have seen there is a simple traffic light system, where the “red zone” is the critical resuscitation area, “yellow zone” is the medical assessment unit, and the “green zone” is minors. I have found this is efficient, and this system makes it easier

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to work efficiently. There is also ofcourse, specific guidance on which patients should be treated in which area of the department.

Finally, my time on placement has definitely furthered my interest into acute medicine. The way I have seen doctors work together across the departments has reinforced to me the value of timely diagnosis and treatment. Acute medicine is an area where structure and organisation is pivotal and this is something I saw on placement. Aside from this, I also feel this experience has deepened my interest in global health. I wish to continue this journey of learning about varying healthcare practices across the world into my future working life.