

Medical Elective in Hospital Kuala Lumpur, Malaysia

Khojesta Rahimi

OBJECTIVE 1: DESCRIBE PREVALENT MEDICAL CONDITIONS IN MALAYSIA AND HOW THEY DIFFER FROM THE UK.

The range of medical conditions in Malaysia are vast however the most prevalent conditions are infectious diseases with an obvious number of cases of tropical diseases. This is hugely comparative to the UK where chronic disease is prevalent due to an aging population. Of the infectious diseases, some common conditions include avian influenza, hepatitis A, B and C, typhoid, cholera and tuberculosis. Although these are rare in the UK, studying at Barts and the London school of Medicine in east London where cases of TB are higher than any other part of the UK, has meant that I am more aware of and familiar with the presentation and management of TB.

The tropical climate in Malaysia means that there are a high number of mosquito-borne diseases. In particular, during my elective period, I saw numerous cases of dengue fever and witnessed how patients were managed. Other diseases that although I did not come across during my elective that should always be considered when making a diagnosis are malaria and Japanese encephalitis. Naturally the environment in the UK means these conditions simply do not exist, except in patients who may have travelled outside the UK.

Gastroenteritis is common in Malaysia due to the fact that eating out is very common and affordable for citizens. This is also a common condition in the UK and something I was familiar with in terms of presentation and treatment.

OBJECTIVE 2: DESCRIBE HOW PAEDIATRIC SERVICES ARE ORGANISED AND DELIVERED IN MALAYSIA IN CONTRAST TO THE UK

Healthcare services in Malaysia work in two tiered system combining public and private healthcare. Big government hospitals provide general paediatric healthcare to patients admitted into hospital or referred from primary health care services. The paediatric services in government hospitals are organised and delivered similarly to that in the UK, with patient's under the care of a paediatric consultant. Consultant led ward rounds are used as a good teaching opportunity for junior doctors and students to learn from seniors. Elements of the ward round that are different from the UK is the vast number of doctors joining the ward round in comparison to the UK where there is only a consultant, registrar, senior house officer and house officer present. Due to the speciality of paediatrics it was clear that house officers had limitations to the interventions that can be performed on patients, which is very similar to the limitations placed on house officers in the UK. For example, urinary catheters for children are to only be performed by a more senior doctor.

OBJECTIVE 3: HOW DO MEDICAL ETHICS IN MALAYSIA VARY FROM THAT IN THE UK?

Malaysia is a multi-cultural and multi-religious state, with three predominant ethnic groups: Malay, Chinese and Indian. These three different ethnic groups with their own cultural and religious beliefs

are taken into account as shown by the Code of Medical Ethics guideline document whereby each faith has separate oaths for physicians. The belief in God is the primary tenet in medical ethics in Malaysia. The official religion of the country is Islam, and the ethics in the country are influenced by this, unlike the UK where religion does not come into play. Although these two countries differ in this respect, the four principles of autonomy, beneficence, non-maleficence and justice are withheld and practised in both countries. Areas in ethics which are the same as that in the UK are gaining consent, confidentiality and the dying patient.

Abortion in Malaysia has stricter regulations than that in the UK, and can only be performed if continuing the pregnancy will pose a serious risk to the physical or mental health of the mother. Non-therapeutic abortion is a serious offence in Malaysia and can result in disciplinary action.

OBJECTIVE 4: HOW EASY IS IT TO ADAPT AND UNDERSTAND A NEW HEALTHCARE SYSTEM, CULTURE AND ATTITUDES?

My time during Hospital Kuala Lumpur allowed me to reflect on the differences and similarities between the healthcare system in the UK and Malaysia. With this I was also able to see the differences and similarities in the culture and attitudes to health in Malaysia compared to that in the UK. The aim of my objective was to determine how easy it is to adapt to this new environment. The healthcare system in Hospital Kuala Lumpur was very similar to that in the UK in terms of hospital protocols, and systems in place, and I found it very easy to understand how the ward was being run.

The culture and attitudes in the hospital in Malaysia had similarities to those in the UK. There was a very clear hierarchal system between the junior and senior doctors and care to patients was the primary concern as in the UK. However there are subtle differences in the way that doctors conduct themselves to that in the UK. The most notable difference was that of respect amongst colleagues and between doctors and patients. In the UK unfortunately, it is not rare to find colleagues acting in an unprofessional manner towards each other however I noticed in Malaysia there was very little of this at all. This could be due to the one of the overarching core principles laid out in the Malaysian Code of Medical Ethics whereby a physician 'should not criticize another Physician in the presence of patients or health personnel'.

There was also a difference in patient's attitudes towards health and the doctor. In comparison to the UK, where patients can often be very critical of the healthcare provided and do not always heed the advice of the doctor, in Malaysia generally speaking patient's respect a doctor's advice and counsel to a higher degree. However there are times when patient compliance to medical advice can be a problem in Malaysia, for example drug adherence issues. The reason for this is mostly due to patient's own beliefs and attitudes towards health. A good example is parents refusing to lumbar puncture due to the common belief that their children will become paralysed. These issues surrounding health belief are common in the UK as well and can be improved over time with better public health promotion.