

Elective Report: Hospital Kuala Lumpur, Malaysia.

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Objective 1: Describe prevalent medical conditions within the paediatric population of Malaysia and how these differ to the UK.

During my elective in Kuala Lumpur Hospital, I was placed within a paediatric firm and was fortunate to come across a variety of different medical conditions. To my surprise there were many cases of asthma which I had previously thought would be less common in a tropical country such as Malaysia than in the UK. There were of course many paediatric conditions which seemed to be just as common as those in the UK such as urinary tract infections.

Due to the location and climate of Kuala Lumpur it is not surprising to find many more infectious diseases and tropical diseases here than in the UK. Infectious diseases seems to be the mainstay of paediatric conditions, mostly respiratory infections such as bronchiolitis, pneumonia and upper respiratory tract infections. There were also a few cases of tuberculosis which were managed in side rooms and patients were put on a treatment protocol of antibiotics similar to that in the UK.

Aside from TB, other conditions which are uncommon in the UK included measles and mumps. Hand foot and mouth disease is also very common in Malaysia and actually occurred as an outbreak in Sarawak in 1997 and resulted in many infant fatalities.

With the number of mosquitos in Malaysia, the number of infections transmitted via mosquitos was common. In particular there were numerous cases of dengue fever, which is not seen in the UK at all. Throughout my elective I learnt how vague dengue fever could present. Other mosquito-borne infections seen in Malaysia include Malaria, Yellow Fever and Japanese Encephalitis. Malaria is more common in east Malaysia, and there is a low risk in Kuala Lumpur, however cases of Malaria still do occur in comparison to the UK. Japanese encephalitis more common in east Malaysia mostly in Sarawak and rural areas and therefore not as common in Kuala Lumpur.

Objective 2: Describe the national health services of Malaysia and how these differ from the UK, particularly in paediatrics.

Healthcare in Malaysia is divided between the private sector and the public sector, unlike the UK where the National Health Service (NHS) exists as a universal healthcare provider for

all citizens. Although private healthcare does exist in the UK, emergency departments are all based within NHS hospitals and private healthcare is sought for tertiary healthcare. In Malaysia, the majority of patients will use government hospitals, however the number of doctors serving these hospitals is in disproportion to the number of patients being seen. This is particularly seen with specialist doctors for example consultant paediatricians, where there are very few working in the public sector but in higher numbers within the private sector.

Objective 3: Do patients present with signs and symptoms later or earlier in the course of disease compared to the UK?

Although generally I was able to see similar presentations of paediatric conditions than that in the UK, there were a few occasions where presentation was later than expected and complications had arisen as a result. For example a case of otitis media which had resulted in sensorineural deafness. Usually it seemed to be the less affluent patients that presented to the medical team late in the course of disease, which could be due to lack of information or inability to seek appropriate medical care. Aside from these cases, most conditions are picked up relatively early in the course of the disease which in certain situations such as dengue fever can be lifesaving. This demonstrated the efficiency of healthcare professionals both GPs and paediatricians in Malaysia to recognize red flags early and to intervene concordantly. In a country such as Malaysia where fatal infectious diseases are common, I was impressed that a good system of protocols and a high index of suspicion to deal with these cases early in the course of the disease. In comparison to the UK, infectious diseases such as TB, can often be picked up late due to its uncommonness.

Objective 4: How important is communication skills even with language barrier and is the doctor patient relationship similar to the UK?

By doing an elective in a country such as Malaysia meant that I was often watching a consultation between a doctor and patient in another language. Although this meant that I was unable to understand the history presented in the patient's own words, I was instead able to pay close attention to the body language between doctor and patient. I was amazed to see how much you can learn from the interaction between two people from the body language displayed and it was clear when a patient's mother or father was happy with the explanation or support that the doctor had given. Similarly it was very evident when unclear explanations were given from the body language displayed. I quickly learnt that the communication skill between parents and the doctor was hugely important in so many areas in terms of care for the child. For example teaching parents about chronic paediatric conditions in a manner that is well understood in turn improves the management of the disease. Mostly, however the communication between parents and doctors revolved around emotional support which I found different to other specialties as these parents are evidently more anxious about their sick child.

I was further able to appreciate how important communication skills is during my own attempts to take a history from patients. Although some patients did speak a little English, it was still challenging to gain a comprehensive history, which was made even more difficult when the parent tried to illicit as much of a history from the child as well.

The relationship between the doctor and patient in Malaysia was very similar to that in the UK. The one difference I did notice however is the compliance of parents to listen more to the suggestions and medical opinion of the doctor. In the UK, more and more parents use the internet and other sources to be well informed about the condition their child may be suffering from. This can usually result in parents forming their own ideas of what will be best for their child and this can often be the opposite to medical advice. A good example of this is witnessing parents refusing to have their child immunized against the MMR vaccine. Although it is widely encouraged that parents should be well informed and aware of treatments available, a balance must be reached between the two extremes of a paternalistic doctor patient relationship to that in which the doctor's opinion and advice is not heeded to at all.