

ELECTIVE REPORT MALAYSIA

I chose to conduct my elective in Malaysia's capital city of Kuala Lumpur. Kuala Lumpur hospital is the biggest in Malaysia and boasts to be one of the biggest in Asia. Malaysia is inhabited by local Malaysians, Chinese and Indians. All of whom have different cultures, lifestyles and disease predispositions; which make for an interesting array of diseases to be seen.

HEALTH STRUCTURE AND ORGANISATION

Malaysia's health structure differs to that of the UK. In the UK healthcare is free at point of entry. However in Malaysia although heavily subsidised by the government, patients are expected to pay a nominal fee towards cost. Private practice is an expanding business in Malaysia, which mainly caters for the countries middle and higher classes. The private sector has access to unlimited funds and resources- unlike the UK system. The private sector is also heavily advertised more so than the UK. As the private sector is large it attracts more allied health professionals than the government hospitals. This is more so true for consultants, leaving government run hospitals in more junior hands. Therefore the national hospitals are often poorly staffed and those who remain are overworked.

There is also passive rather than active involvement in treatment. Patients are not interested or involved in the decision making process, often due to a lack of education. Therefore there are fewer options available for treatment. Their type of practice relates back to a hierarchy and patriarchal medicine, as seen many years ago in NHS. However this system works in Malaysia.

COMMON PATHOLOGIES

1. GENERAL MEDICINE

The most common pathologies I saw resembled those of high prevalence in the UK. This included hypertension, obesity, heart disease, COPD and diabetes. The reason for the similarities between home and Malaysia are mainly due to modifiable risk factors. Within Malaysia there is a strong working ethos and families will often come home late and rely on takeout or street food which is generally cheaper than supermarket food. In addition many people in Malaysia do not exercise which therefore substantiates the previous risk factor. Lastly there is a high smoking prevalence in Malaysia which adds to the abundance of these diseases. Because of these modifiable risk factors much time and effort has been spent on health interventions to reduce the risk of smoking and promote healthy eating. This is seen similarly in the UK with focus being on patient education and making them aware of the risks to health. On the wards common presentations included tropical diseases such as dengue fever and Malaria- uncommon in the UK.

Interestingly the hospital doctors were not first port of call for Malaysians, and instead many relied heavily on witch doctors or traditional healers for a small fee. Behaviour steeped in superstition, religion and fear. Rather than taking family members to hospital to be investigated and therefore have an official diagnosis and paper trail, Malaysians would prefer that all illnesses were kept quiet and dealt with in private by these individuals. This often hindered the correct diagnosis of patients and prevented treatment until a very late stage. It is for this reason why Malaysians are afraid of visiting hospitals, as they are often associated with death. By using hospitals as a last port of call when patients are at death's door the formal practice has become associated with poor outcome. It is because of these practices that people in Malaysia often present late where there are many complications to their disease. Even when treatment was sought traditional health healers would convince patients' family that modern medicine was poison or would make the patient worse. I saw this specifically with a young man with epilepsy whose parents would take away his anti-epileptics when discharged and provide him with natural remedies, only for him to come back again with repeated status-epilepticus attacks.

2. Psychiatry

Within Psychiatry the most common presentation I saw was depression followed closely by Schizophrenia. Psychiatry services in Malaysia are still in teething stages however there is a structure for in hospital admission, outpatients and care in the community. One of the most striking differences between here and the UK is that Malaysia still uses asylums for there more at risk patients. These are also private to allow families who wish their child to be institutionalised to avoid stigma. Stigma is still very rife within Malaysia regarding Psychiatry. Often families would avoid and deny a problem until very late, where often the patient is beyond help of modern medicine.

Malaysia has a large drug problem which has strongly affected the national law. Any person caught trafficking drugs is sentenced to death and those who are found to be a "drug abuser" are sentenced by law to a 2 year drug addiction service. Most interestingly I found that as Malaysia was an Islamic state where drinking is frowned upon, there were very few cases of alcohol addiction- as expected. However, this was substituted with a much higher rate of other vices such as cocaine, opiates, smoking, and marijuana.

OVERVIEW

Interestingly I found that Malaysia had a very stark poverty divide which I was not expecting. Whilst on community duty I visited huts made of tin and mud. This was not what I was expecting from a place that portrays itself as a modern new world. I felt grateful for our social care system which helps those in less need, afford housing and help people back into work. There seemed to be less of a social structure to support these practices. However what I did take note of, was that regardless of personal situations Malaysians always took time to care for you, welcome you, and always have a smile on their face. I feel this is something that I will remember as when working it is easy to become bogged down with the workload and hours. It is important to remember the significance of a smile and welcoming nature.

I was very happy with my placement here. I felt I had ample opportunity to observe and learn. Malaysian doctors often rely on the clinical knowledge and skills to reach a diagnosis as investigations are time consuming and costly. Therefore I felt I improved on my practical skills just by observing. However due to the cost of treatment many still could not afford simple medicines and were left with no option but to consult the cheaper traditional healer. I am glad for our NHS and appreciate and respect it more than ever. It is a vital backbone of England and one we should fight to protect.