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SSC5c Elective Report: Malaysia Community Medicine 2014

1/ Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health. How does this differ to the United Kingdom?

The country of Malaysia is a federation of states and a parliamentary democracy with an elected Prime Minister as the head of government and a constitutional monarchy. It is largely a multicultural society comprising 50% Malays and 25% Chinese with the remainder comprising of indigenous peoples, Indians, Burmese and Vietnamese amongst others. The World Bank classifies Malaysia as an upper middle-income country. Its society and economy were completely transformed during rapid economic growth during the latter half of the twentieth century. The population of Malaysia is just over 30 million and they benefit from a well-developed health care system, good access to clean water and sanitation. A 2009 estimate of life expectancy in Malaysia stated it as 73 years, which is comparable to most Western developed countries. Life expectancy in Malaysia has significantly increased over the latter part of the 20th century. Currently Malaysia is undergoing an epidemiological transition with causes of mortality shifting from communicable to non-communicable diseases. Similar to the UK, diseases of the heart and lungs are now the most common cause of death.

My elective placement in Malaysia was based in several community practice clinics located mainly on the outskirts of Kuala Lumpur. The demographic of these areas was largely much poorer than the rest of Kuala Lumpur. The population that the community clinics served was mainly of South Indian origin. Many of these people were in Malaysia as foreign workers and so usually lived in poorer conditions and had different healthcare needs than the average Malaysian. Many languages were spoken in these clinics including Malaysian, English, Hindi, Tamil, Burmese and Chinese. The presentations to the community clinics were comparable to that in the United Kingdom and included fevers, coughs, respiratory tract infections, musculoskeletal pains and skin rashes. However in addition to these the clinics catered for presentations that would usually be dealt with in a secondary care setting in the UK including minor trauma and obstetrics. There were not many Paediatric presentations and I did not encounter any Psychiatry whilst on placement.

2/ Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries or with the United Kingdom.

The Malaysian health care system consists of tax-funded and government-run universal services and a fast-growing private sector. Public sector health services are administered and regulated by the Ministry of Health. The private sector remains largely unregulated. Most private healthcare is available in urban areas whilst the government-funded public healthcare system has been targeted mainly at rural and isolated locations where health provision would otherwise be very basic. A significant proportion of the Malaysian

population also rely upon traditional Chinese medicine and other such alternative healthcare options. It is not unfamiliar for patients to present to the community clinic with an ongoing medical problem after having consulted with a traditional healer a number of times. Such practices are accepted as part of the culture in. Most Malaysians are willing to pay for medical treatment at a private facility. The government-run hospitals are very similar and run alike to hospital in the United Kingdom. However the private community clinics in Malaysia can vary considerably depending on what they can offer. Some are very basic and provide only very limited care. These types of private clinics generally struggle financially. There is huge competition between private clinics in the urban areas of Malaysia and only the clinics with the most services and the best reputations can survive. The clinics I attended were very well-equipped. They consisted of a waiting room, reception desk, consulting room and small ward for minor procedures and IV drips. There was an ultrasound machine that the doctor was competent in using and interpreting. The clinic also possessed an x-ray machine of very good quality that the nurses were trained in operating. The presence of this x-ray machine was a huge advantage to the clinic as most other clinics in the area did not possess one.

3/ Discuss aspects of Tropical Disease Medicine encountered in Malaysia.

Unfortunately I did not encounter any tropical disease medicine in the clinics. This was partly due to the location in Kuala Lumpur (a large urban city) as opposed to more rural and tropical areas where malaria and dengue fever are more prevalent. However due to the location of the clinic in a deprived area inhabited by many foreign workers, the clinic conducted many foreign worker health checks that are a mandatory requirement by the Malaysian government. If a foreign worker proves to test positive for certain communicable diseases such as HIV or TB then they may possibly be denied further work in Malaysia. In this sense the doctor was in a significant position of power because the conclusions of his medical report could potentially send a poor migrant worker back to their country of origin. The medical checks included a clinical examination, blood tests, mandatory vaccinations and a chest x-ray. Because of this I was involved in reviewing many chest x-rays, looking for signs of possible TB. This was a significant part of the workload in this practice and generated its own income as the doctor was paid for providing these services.

4/ Reflect on your learning experiences and how these will impact your future practice as a doctor in the UK?

I was largely surprised during my time in the community clinics in Kuala Lumpur. The approach to and delivery of community medicine was very different to that in the UK. This was a private service aimed at satisfying the medical needs of the local population in this poor area of Kuala Lumpur. The expectations of medicine here were not only very different to that in the UK but also to that in the more affluent areas of Kuala Lumpur. Patients presenting to the clinic were seeking almost immediate solutions to their clinical presentations. So the clinics were very much a one-stop shop with all services provided. Patients were rarely referred to another clinic or hospital. Minor ailments such as fevers and respiratory tract infections were treated very differently to that in the UK. It would not be

unusual for such presenting patients to be administered with a steroid injection or antibiotic solution. Whilst this was at directs odds with what I have learnt during my studies at medical school, I can understand and appreciate how patients can gain much personal satisfaction having seen a doctor and received an intervention. I realised that the General Practitioners at the clinics were true "generalists" as they dealt with a whole variety of medical and surgical ailments that in the UK would normally be referred to a hospital specialist. This impressed upon me the huge responsibility that rested upon the shoulders of these doctors and reminded me of my own duty towards my patients in the very near future.