

Elective Report

Objectives:

1. What are the most common admissions to A&E for and how do these compare to the UK?
2. Explain the organisation and delivery of health services in Malaysia and how does this compare and contrast to the UK?
3. What is the biggest health concern in Malaysia and how is it being tackled?
4. What have you found most interesting during the placement in Malaysia? How will your experience change the way you will practise as a doctor?

I undertook my elective at Hospital Kuala Lumpur, the largest government hospital in Malaysia. It has 43 departments and 83 wards, and a distinct newer modern building which differs significantly from the original counterpart. Most of my time was spent in A&E which initially felt very similar to hospitals here, however as time went on differences were noted.

Many presentations to A&E in Malaysia were acute and were in the red zone; their equivalent of our resuscitation unit. Road traffic accidents are common, and although declining are still the 4th most common cause of death after pneumonia, stroke and heart disease. There is a significantly higher number of motorbikes used and less stringent controls on traffic; these may be possible reasons for the high number of RTAs in Malaysia. 8% of deaths are due to RTAs, compared to only 0.5% in the UK. Other presentations I saw include Acute Coronary Syndrome and infectious disease. One particularly notable case was of dengue fever, something I did not know very much about and had only read about in textbooks. It was very interesting learning about this condition during the teaching ward rounds and also prompted me to do further reading.

There are two modes of delivery of health care in Malaysia - public and private. A large private sector exists, meaning an imbalance of doctors between private and public. A lot of senior doctors prefer the private sector, which places a higher work load on junior doctors on the wards, although the A&E department was very well staffed, with many senior doctors present to support the juniors. The private sector operates on a pay per use basis, in comparison with the UK which operates through insurance schemes. There are 218 private hospitals (10 000 beds approximately) across Malaysia and 102 public hospitals (30 000 beds approximately) which are government funded. Although public hospitals are free at the point of care, a fee of 1 Malaysian Ringgit (UK equivalent 20 pence) is required for attending A&E.

One difference which stood out for me was the presence of daily wards in A&E led by a consultant. Patients spend longer in the A&E department before being transferred to other wards. This differs significantly from the UK where patients are quickly transferred out of A&E to meet stringent waiting times. The reason for ward rounds in A&E may be because patients are there for longer and hence need a higher level of care that juniors alone may not be able to do. The ward rounds are very similar to ward rounds here in the UK, consultant led and juniors writing in notes. Patients are presented to the consultant, after which a discussion follows, including drugs and observations review. A list of differentials is sought and a plan formulated. The teaching rounds are very good, and are very helpful in aiding learning.

The main health concerns in Malaysia are very similar to those in the UK - diabetes, heart disease and lung disease; all of which are associated with lifestyle. Health promotion in Malaysia aims to encourage a healthy, balanced diet and exercise. Smoking is a significant problem; 60% of 21-30 year olds smoke and smoking-related illness is currently costing Malaysia £550 million per year. Although an anti-smoking campaign is in place in Malaysia, further input is needed to improve this. In comparison to the UK's anti-smoking efforts, there is a lot more that public health authorities in Malaysia can do to improve their campaign.

Reflecting on my experience, I was quite surprised as to how advanced medicine is in Malaysia. Prior to going, I had expected much lower standards of care and technology, so I was pleasantly surprised as even on first impressions the hospital looked very similar to hospitals in the UK. I think this is because of the location; Kuala Lumpur is a thriving city. As time progresses, I can only see Malaysian health care moving forward and an improvement in the services provided. In comparison I expect there to be different standards in more rural and poorer parts of the country and it would be most interesting to visit these places and learn about differing health care within the country.

Seeing the small number of medical students has made me appreciate the education that is accessible for us. Many Malaysian students travel overseas to study medicine; I have been fortunate enough to study in London and seeing students leave their whole lives behind to gain an education has really made me appreciate what is available to me.

My last point of reflection is on how my experience will change the way I practise as a doctor. I honestly cannot say how I change my practise based on this experience alone, but I can say that I have been inspired by the doctors and I aspire to be the best doctor that I can and work my hardest at all times. Being a doctor is more than a job, it is a full time career which I have been blessed with.