

I decided to do my elective in a developing country so that I could witness how the medical system differs from a developed country such as England. I had grasped some understanding of the UK medical system during my three years of clinical attachment at medical school. I pondered to myself which department would best suit my learning and thought that acute medicine would be really interesting as it would be something which I would enjoy doing in the future. Therefore, I was really excited when I got the opportunity to do my elective in Kuala Lumpur hospital, Malaysia in an Accident and Emergency department.

Before I went on my elective I came up with a few objectives in mind to try and find answers for. They were the following:

Find out what common emergency conditions present to the Accident and Emergency department in a developing city such as Kuala Lumpur.

Find out how investigations of diseases differs from the UK

Compare and contrast the management of emergency conditions in Malaysia to the UK.

Try to shadow a junior doctor from the start of a shift till the end.

Throughout this report I will try and address some of the objectives I set myself and mention the interesting topics of discussions, which I came across. One of the interesting things that I noted was the similarity in the structure of the healthcare system compared to London. Whilst in London hospital services are free at the point of entry and continue to be free regardless of the length of stay in hospital, in Malaysia there is a fee to be paid on entry. Charging a small fee such as £10 to attend an Accident and Emergency department has been discussed many times in the UK media. There are many people for the idea and just as many people against the idea. One of the arguments for charging a fee to receive medical attention is that some people believe that the public can take the NHS for granted and waste valuable resources by unnecessarily attended the A and E when they could have seen their local general practitioner. Coming straight to A and E can be more costly in the long run as opposed to visit the GP. Other argue that if you charge a fee to visit A and E, all the vulnerable patients who cannot afford the fee will not present to the hospital even if there is something seriously wrong with themselves. This may lead these patients to experience even more sinister outcomes.

It was interesting to find out the views of the patients who paid to receive the A and E service at a fee in Kuala Lumpur Hospital. The fee was minimal and can be as little as the equivalent of a few British pounds. Many people were very grateful for this and considered it to be as good as a free service. However if one needs to stay in hospital for a longer period and receive a lot of treatment then there is a larger fee for that and can be a few hundred pounds. This can be very costly to some poor patients and may explain why often many of the patients who attended were very poorly as they did not want to come earlier and pay a fee unnecessarily. One patient had cancer and needed ongoing treatment which the family was finding very expensive to pay. This system was applied in the government hospitals.

However as in the UK there are also private hospitals where the cost of medical care is extremely expensive. The standard in these hospitals is most likely slightly better. Although I did not have the opportunity to work in a private hospital I did go inside to see what it looked like. In contrast to government hospitals it was done up very nicely and looked similar to an NHS hospital in the UK. The government hospital in Malaysia however was quite run down and old. It was also very hot with only fans and no air conditioning making working conditions quite difficult. I believe working in these environments can be tough on all staff members especially if they are inundated with tasks.

When we were in the A and E we saw a lot of trauma patients who had been involved in road traffic accidents. This was not unusual as I noticed that there was a lot of congestion on the road. When the trauma patients came in I noticed that the system of managing the trauma patients in Kuala Lumpur was different to the UK. I was fortunate enough to compare the both. In the royal London, when a trauma call was given out, there was a large team waiting to receive the patient. The trauma team often composed of an anaesthetist who would be in charge of the airway, a general surgeon who would carry out the primary survey, an orthopaedic surgeon who would do the secondary survey as well as an A and E doctor who would manage the team as well as allied health professionals such as a radiographer. This team would get ready even before the patient was coming in and have background information on the patient ready so that they could have an idea of what to expect. The management of the trauma patients that I witnessed in Kuala Lumpur was more simple. They had around two A and E doctors and a nurse to see the patient to assess the patient initially before a referral was done to the orthopaedic team. To me it seemed like even without such a large trauma team on standby in Kuala Lumpur the patients needs were seen to quite well. But I can imagine if the patients started deteriorating then having a large team of doctors and other health professionals ready and informed about the patient would have a better outcome.

Conclusion

By going on this elective I learn a lot about the types of conditions that are common in an emergency setting in Kuala Lumpur. It will definitely help me to appreciate how both the different countries have different guidelines from the point a patient enters the hospitals till their discharge. I would love to work in a similar environment after I have gained more experience so that I would be able to get a hands on experience with the patients as it was quite limited at the moment.