Name: Fahim Patel
Contact email: ha08171@qmul.ac.uk
Elective dates: 16th April - 1st June 2014
Supervisor's details: Dr. Jayaendran Kaivandan, Klinik Medijay, 12A Jalan BRP, Bukit Rahman Putra, 6/11, 10160 Sungai Buloh, Selangor

What conditions are common for a GP to encounter in Malaysia, how does this differ from the UK?

The host GP practice serves a mainly poor, working class South-Asian sub-population in Malaysia. This is akin to the first-generations of Bengali migrants who settled in Whitechapel. Communities like this are common in Malaysia as many low-skilled workers are attracted from poorer neighbouring countries like Indonesia, Burma, Bangladesh and India. The pathologies the low-skilled workers present with are mainly occupational, very few patients would present with chronic disease. Their jobs are fraught with hazard as health and safety equipment is too expensive to acquire and is often not provided by employers. This is a rather sad situation as these workers often take substantial risks to earn what is relatively a poor wage. Due to the pressures of work, many patients present very late. This is often after they have tried cheaper and more readily available home-remedies. They would delay their presentation until their condition become unbearable, forcing them to take time off work and spend money to see a doctor. Reputable employers (such as the rail companies) may subsidise the cost of medical treatment but the excess is usually covered by patients. As such, in contrast to the the UK these patients are much less likely to see a GP as frontline.

An example of this is a 25 year-old Indian labourer who presented with a 3-week history of a painful finger following a penetrating injury. He explained that a sharp metal object was pulled out of his index finger following an accident at work and has been painful since, he was not wearing any gloves on the construction site. On examination of the index finger, there was a painful, smooth, mobile nodule with a 20mm head, which was more prominent and painful on movement. An x-ray was taken onsite which showed a radiopaque needle-like projection within the tissues of the index finger. Within the hour, the GP completed a small surgical operation to remove the foreign object which appeared to be a metal needle. The patient was unable to afford protective gloves, despite working with sharp metal instruments. He also waited three weeks for the pain to become unbearable such that he could no longer work. This is in contrast to the UK, where protective gloves would have prevented this sort of injury. Also, a case like this in the UK would be dealt with at the local hospital rather than at a GP clinic.

How do patients access GP services in Malaysia, how does this compare with the UK?

In contrast to the UK there are few state-run '1Malaysia' GP clinics. These are unpopular as they are usually extremely busy. Instead, GP services in Malaysia are mainly privately-run clinics. These clinics are exclusively owned by doctors who are required to have a minimum of four years of hospital experience. Unlike the UK, the clinics are expected to have onsite X-ray, ultrasound and ECG facilities. This provides a one-stop centre for patients who often have time-pressures from their employment. To allow for this, the majority of GP clinics operate on a walk-in basis and there are few pre-arranged appointments. At the host GP

practice, we found that patients preferred the one-stop approach to medical care. They especially would appreciate the instant and reliable access to basic medical imaging.

What public health initiatives are being developed in Malaysia?

As quality of life increases for the population, there is a shift from predominantly acute conditions to chronic diseases. This means that the traditional walk-in approach to access GP services may not be equipped to deal with chronic conditions like type-2 diabetes mellitus and hypertension, which require careful follow-up. This also presents Malaysian health ministers with the challenge of sharing collaborative patient data. At the moment, due to the private nature of walk-in clinics, patient data is fragmented between small centres. This is a huge problem as it causes a discontinuation of care which can delay treatment, cause harm (e.g. repeated x-rays) and be a source of errors.

One initiative to aid data sharing is to add health data to the MyKad national ID card. Every Malaysian national is entitled to a national ID card and at the time of issuing they are given the option to add their health data. Although this was first designed to include all health data, it was apparent that the small computer memory within the card was not sufficient. Instead it is now limited to organ donor and health insurance statuses. This is in addition to any chronic diseases, allergies, blood groups and current medication. Although this seems useful at face-value, there are great limitations. On a practical level, there are very few locations where the card can be updated. This means that as the patient's health data changes, the updates may never be recorded on the the card. This renders the card's information obsolete and in-fact dangerous to use. In addition, migrant workers are not given the MyKad national ID card until they gain citizenship. Clearly, sharing patient data is a huge task for any country and its successful implementation would be a major improvement in public health provisions.

Is General Practice a suitable career for me?

In the UK general practice is a vital service that is the frontline of medicine whereas I feel that in Malaysia it is less so. This is most likely due to the costs involved in health care, where patients delay presentation to avoid expenditure. It feels as though patients were viewing doctors as business men, rather than healers. This is a shame because it diminishes trust, which I feel is key to a good patient-doctor interaction.

On the other hand, the ultimate responsibility for the performance of the GP clinic rests with the individual named doctor. Therefore, the doctors must be mindful of the business aspects of medical practice. This is vaguely similar to the UK, where a GP would make cost-effective medical decisions. Although I am interested in the management aspects of healthcare, at this stage I could not imagine myself spending a career doing so.

The responsibility for a GP to build trusting bonds with their community is a challenge that I think would suit my personality. I felt that there is a lesser emphasis on this in Malaysia than in the UK. This for me is one of the most attractive aspects of general practice in the UK. There is a satisfaction in being able to provide continued care and to have time to learn about your patients in a holistic manner. On balance, GP is a suitable career for me for these reasons, but in order to make a more assured decision I will spend more time exploring my options.