

Elective Report – Year 5 MBBS

Pejabat Pengarah
Hospital Kuala Lumpur
Jalan Pahang
50586
Kuala Lumpur
09/04/12 – 11/05/12

Objective 1:

What are the prevalent conditions in Malaysia? How do they differ from the UK?

Malaysians are considered to be very privileged to have some of the best healthcare systems and technologies available. Regardless of this, there are always health risks relevant to certain countries and Malaysia is no exception. During my elective I was exposed to many different patients with many different conditions. The conditions I was most exposed to were quite similar to those prevalent in the UK. The most common cause of death in Malaysia is cardiovascular disease, with hypertension being very common amongst the population. However according to the Kuala Lumpur Hospital's own statistics the most common cause of death in their hospital is septicaemia, followed by malignant neoplasm's, cardiovascular disease, then cerebrovascular disease and the fifth most common cause of death is accidents.¹

Other health risks which are prevalent in Malaysia as recorded on the Malaysian Government website include; AIDS, Avian Influenza, Dengue, Diabetes, Food poisoning, Hand, Foot and Mouth Disease, Hepatitis B, SLE, and Thalassaemia². It is difficult to draw direct comparison between these two countries but I was surprised to see the number of similarities in disease.

Objective 2:

How are healthcare services organised & delivered? How does this differ from the UK?

Malaysia enjoys a comparatively high standard of health, the result of long-established health and medical services. The country has improved its health care and social conditions and is considering a national health insurance plan. There are three main hospitals in Malaysia, all located in the capital, Kuala Lumpur: Subang Jaya Hospital, General Hospital, and Penang Adventist Hospital.

The healthcare system in Malaysia implements both a public system as well as a private healthcare system. However, approximately 80% of the healthcare facilities in Malaysia fall under the domain of the public sector hospitals. Malaysia's public healthcare system is considered among the best in the region.

Approximately 80% of the population had access to health care in 1993. As of 1999, there were an estimated 0.7 physicians and 2.0 hospital beds per 1,000 people. In the same year, total health care expenditure was estimated at 2.5 % of GDP. As of 2002, the crude birth rate and overall mortality rate were estimated at, respectively, 24.22 and 5.2 per 1,000 people. In 1990–95, 51% of married women (ages 15 to 49) used contraception. Life expectancy has risen over the last decade and was 73 years in 2000. In 1994–95, 90% of the population had access to safe water, and 94% had adequate sanitation.³

A major problem in Malaysia is the lack of medical centres in rural areas, which the government is trying to counter through the development of a system called tele-primary care. This allows doctors in remote areas to discuss problem cases through tele-consultations with specialists and doctors in other hospitals.

Overall, Malaysia is very fortunate as they have a very comprehensive range of healthcare services and the government is committed to its principles of universal access to high-quality healthcare, which the local Ministry of Health offers through a network of nationwide clinics and hospitals.

In the UK the NHS is the main body providing the healthcare, which is governed by the Department of Health. The services provided by the NHS are free to all citizens. The NHS has been decentralized into four independent systems one for each country of the UK. Each service has its own treatment policies, legislations and healthcare budgets. The NHS is financed from the national insurance tax paid by employees directly from their salaries. The unemployed and dependent family members are exempt from this tax.

The UK also has a private healthcare sector; which is funded by private insurance contributions. BUPA is one of the leading private healthcare services in the UK.

Objective 3:

What health & safety facilities were available and how did I utilise them? What would I do differently?

The country has high medical standards and facilities that provide services to travelers and local residents. In Malaysia, the National Institute of Occupational Safety and Health is committed to ensure a safe and healthy working environment to all employees and others involved in or affected by its operation taking into account statutory requirement and relevant national and international standards and codes of practices.

The importance of hand hygiene in preventing the spread of disease is universally accepted. Nonetheless, many health care professionals, in spite of acknowledging the significance of this practice, are not always vigilant in carrying out hand hygiene. Research carried out in Malaysia showed health care workers recognise the importance of performing hand hygiene both for themselves and others.⁴

There were no health and safety matters that were of concern because the hospital was very well run and I would not ask to do anything differently.

Objective 4:

What have I learnt from this experience? What was the most/least enjoyable aspect? How will I apply my experiences to future medical practice?

Malaysia is a very diverse and vibrant country that I was very excited to visit. I did not realise how many different cultures and religions co-existed. I learnt that Malaysia has a good health care professional system because the doctors were very welcoming and respectable both to the patients and with me. The doctors were very keen to teach and I enjoyed learning about different patients with them.

I really enjoyed the amount of teaching I received and the enthusiasm of all the doctors. I was very happy that the doctors could speak good English and it was easy to communicate with them effectively. The weather was at times very hot and this made it difficult to concentrate. At times there was little consistency in the number of patients that visited the hospital on a day to day basis and sometimes I was very busy but at others I was bored.

I would recommend this hospital to another student because it fulfilled my expectations of a hospital in a developing country and I appreciated meeting a different patient base to that seen in the UK. The doctors were very friendly and helpful and I felt integrated into the team. I have learnt that I am able to adapt to different environments and work competently within an unfamiliar hospital setting. I learnt that I am able to communicate coherently with different patients and I hope that this will provide a good basis for my foundation training.

References:

¹ Kuala Lumpur Hospital Statistics

²<http://www.malaysia.gov.my/EN/Relevant%20Topics/Health/Citizen/CommonDiseases/Pages/CommonDiseaseAndIllness.aspx>

³Health - Malaysia - located, average, annual
<http://www.nationsencyclopedia.com/Asia-and-Oceania/Malaysia/HEALTH.html#ixzz1wThi4kcq>

⁴http://www.niosh.com.my/en/index.php?option=com_content&view=article&id=253&Itemid=356&lang=en