NAHEEDA MIR
ANAESTHESIA

SSC 5c (Elective) Assessment - Report

Dates of elective: 23rd April – 25th May
Destination: Hospital Kuala Lumpur
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Subject: Anaesthetics and Paediatrics

AIMS AND OBJECTIVES

- **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: What are the prevalent paediatric conditions in Malaysia?**

To my surprise, the structure and format of the health care delivered in Malaysia was very similar to what I had learnt in the UK. As Malaysia is a developed country and the management of certain conditions are universal, the treatment plans are usually all the same. When on the paediatric ward in Malaysia I was reminded of my time studying in Royal London Hospital as I saw one of the Malaysian medical students reading from the Oxford Handbook of Clinical Medicine which I used for my finals! With regards to the management of paediatric conditions, the immunisation schedule was exactly the same as the UK and because of this many of the prevalent paediatric conditions were the same as the UK.

When I was on the wards in Malaysia, one of the doctors asked me if I knew about Hand Foot and Mouth Disease (HFMD). It is a mild illness caused by the Coxsackie virus and it commonly occurs in periodic outbreaks in children under the age of 10. During my paediatric rotations and revision I had not specifically come across this highly contagious disease. In Malaysia this disease is endemic with its first outbreak in 1997. During this outbreak 31 children were noted to have died.

Paediatric mortality in Malaysia is 14.57 deaths per 1,000 live births. Mortality is more common in the neonatal age group at approximately 70%. Some of the causes of this include congenital abnormalities, chromosomal disorders and neurodegenerative disorders. In older children the mortality is approximately 30% due to malignancy, Cystic Fibrosis, Duchenne's Muscular Dystrophy and Cerebral Palsy. Appendicitis and intussusception are the most common surgical conditions presenting in children in Malaysia.

- **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 UK:** How are anaesthetics services organised and delivered?

Anaesthetics services in Malaysia are delivered very similarly to the UK. For example, the 'Anaesthesia Machine' used to support the administration of anaesthesia is a universal machine and therefore works exactly the same in Malaysia as it does in the UK. The labels and monitor were all in English therefore it was unproblematic for me to interpret the values without being taught by the Malaysian consultant. While I was in theatre there was a consultant anaesthetist, junior doctor and a nurse.

In Malaysia the patient is brought into the surgical theatre and is put to sleep in the same room where the surgery will take place. Although a minor difference, in my experience in London the patient is usually put to sleep in a separate room and then taken into the actual theatre once asleep. The patient is given general anaesthetic with drugs such as Propofol and the emergency drugs are exactly the same in both countries.

After surgery the patient is taken into a recovery room where the anaesthetist stays with the patient until the patient regains consciousness. In the case of HKL this was a room at the centre of all the theatres so that all the patients were immediately brought out of the theatre into the recovery room opposite. After this the anaesthetist can begin preparing the next patient for surgery. When standing in the theatres in HKL I almost felt as though I was standing in a surgery in the old Royal London Hospital. There were no significant differences in the appearance of the theatre or the delivery of the anaesthetic services and the majority of the staff were English speaking.

- **Health related objective: Describe the layout of healthcare in Malaysia compared to the UK (NHS system) including accessibility and costs.**

The Malaysian government are working hard to develop the health care as the countries life expectancy increases each year. The government-run healthcare system and the private healthcare system work alongside each other in Malaysia. The government-run healthcare system is partly funded by 5% of the government budget and the rest must be paid for by the public but from speaking with the healthcare professionals I was given the impression that it is inexpensive. Those who can afford the private healthcare mostly include the richer Malaysian population and tourists from outside of Malaysia who come to Malaysia specifically for their specialist health care. The private system offers luxurious rooms with a private nurse.

A minor point regarding costs which I found particularly interesting was that some of the hospitals fund goes towards paying for the staffs' lunch. At lunch time the healthcare

professionals all gathered in the staff rooms and were given free lunch which was offered daily. There was a sense of community and a sense of reward after a morning of theatres. This made a nice change to people having to organise their own lunches in the UK at different times and in different parts of the hospital.

In terms of accessibility it was clear that the majority of the hospitals which are well equipped are only found in the larger cities such as the capital city of Kuala Lumpur. There is a lack of healthcare available in the smaller cities and towns of Malaysia. Reportedly, there is also a shortage in the medical workforce and doctors are being encouraged to come from abroad to work in Malaysia.

- **Personal/professional developmental goals. Must also include some reflective assessment of our activities and experiences: Communicating and developing rapport with patients from different backgrounds including non-English speakers. Reflecting on experiences of effective communication where there are language barriers.**

This objective was hard to address during our time in Malaysia. Firstly because during the anaesthetics placement there was a high patient turnover and the majority of the time we spent with the patients was while they were under general anaesthesia. Secondly on the wards with the children during the paediatric rotation they were usually very young or quite sick and unable to communicate.

However with the patients that we were able to communicate with we often found that most Malaysians could usually speak some English, if not fluent in English! With the use of words they could speak and the few words in Malay that I had picked up we found it easy to communicate with the help of describing, illustrating pictures, pointing at body parts and acting things out in order to ask questions during clerking patients. This was also true with the large Chinese population living in Malaysia. The remainder of the population included those of Indian decent. With these patients my Hindi and Punjabi came into effect and I was able to communicate with them using their mother tongue.

With regards to rapport, this was often difficult as the patient could identify immediately that we were from a foreign country. Once our identity and position was clarified along with some small talk about the UK and our experiences in Malaysia so far, the rapport was easily established.