

Elective Report: Hospital Kuala Lumpur, Malaysia

**Elective location: Hospital Kuala Lumpur, Malaysia**

**Elective subject: Obstetrics & Gynaecology/A&E**

**Objectives**

- What are the prevalent diseases in Malaysia and how do they differ from the UK?
- How is the healthcare system organised in Malaysia? How does this differ from the UK?
- What do you think can be done to improve the healthcare system in Malaysia?
- How has this experience contributed towards your personal and professional development?

My elective placement was carried out at Hospital Kuala Lumpur in Malaysia. Malaysia is made up of thirteen states and split into two regions: Peninsular Malaysia and Malaysian Borneo. These two areas are split by the South China Sea and Malaysia shares borders with Thailand, Brunei, Vietnam, Indonesia and Singapore. I chose to carry out my elective in Kuala Lumpur which is situated in Peninsular Malaysia, which has a population of over 20 million, 1.6 million of which reside in Kuala Lumpur.

Kuala Lumpur is the capital of Malaysia, the home to the King of Malaysia and also the cultural, financial and economic centre of Malaysia. Within Kuala Lumpur itself, there are numerous teaching hospitals and I chose to carry out my elective at Hospital Kuala Lumpur. I chose Malaysia as my elective destination as it is a country that I had not visited before nor a part of the world I had seen before and having read reports and spoken to students in previous years, I expected to have a good experience there.

Hospital Kuala Lumpur has 27 clinical departments with 83 wards and 2302 beds (in comparison, The Royal London has a capacity for 862 beds). It is considered to be one of the biggest hospitals in Asia and is indeed the largest hospital in Malaysia. Of the 7000 staff that work at the hospital, over 200 of these are consultants in a variety of specialities with 500 medical officers and registrars. Thus it is easy to see that Hospital Kuala Lumpur is extremely busy, with an average admission number of 316 patients per day. This was evident during the five weeks that I spent there as the hospital was constantly busy with patients lining up to form long queues outside departments in the morning to wards always being full with not an empty bed in sight.

The leading causes of admission to Hospital Kuala Lumpur are respiratory conditions, followed by malignant neoplasms and pregnancy complications and the leading causes of

death are septicaemia (in 2010, 21% of hospital deaths were due to septicaemia), malignant neoplasms and heart disease. In comparison, the leading causes of death in the UK are heart disease, followed by cancers and respiratory diseases. In Malaysia, the high rate of cardiovascular disease can be directly related to an increase in risk factors such as smoking, diabetes, hypertension and obesity which is similar to the UK.

The Malaysian healthcare system is also quite similar to the UK in that both a public and private healthcare system exists. 80% of Malaysian healthcare falls under the public system and government hospitals are free with a charge of RM 2 (equivalent to less than 50 pence) for patients upon first admission to deal with all the paperwork. The other 20% of Malaysian healthcare therefore is private; however 54% of doctors work in this sector due to the higher salaries and better working conditions. To avoid a situation whereby there are not enough doctors to work in the public system, all doctors in Malaysia are required to spend at least three years working in a government hospital. However, despite this, there is still a shortage of highly trained specialists in Malaysia, thus restricting access to certain specialities to the large cities.

There are certain ways in which the healthcare system is improving and could still be improved in Malaysia. Currently, 5% of the government budget goes into funding public healthcare in Malaysia and this is an increase on previous figures. As a result of this, life expectancy has increased and infant mortality has decreased. However, there is still a problem regarding access of healthcare in Malaysia, as those living in urban areas that require specialist treatment often have to spend hours or even days travelling to a city with a hospital that has the facilities to treat them. This is because most of the private hospitals are situated in the urban areas, and these areas also tend to house the people that cannot afford private healthcare. Additionally, the public hospitals in these areas offer limited services and therefore locals often have to look elsewhere for specialist treatment.

One way in which the government is trying to counter this problem is through the development of tele-consultations which allows doctors in rural or remote areas to communicate with specialists in other areas. The government has also taken steps to encourage more of its students to study medicine and has even set up a programme whereby it funds the education of Malaysian students to study medicine abroad so that they can come back and practice in their home country.

My elective placement was originally organised in obstetrics and gynaecology, however whilst I was there, I was also lucky enough to be able to spend some time in the accident and emergency department and thus I got to see a wide variety of patients and conditions. While I was on placement in the obstetrics and gynaecology department, I would attend daily ward rounds with the consultant which took about an hour and then attended clinics with one of the senior specialists. I also spent time on the ward clerking the patients and observing while any procedures were being done. As I do not speak Malay, my conversation with many of the patients was limited and history taking could often be difficult but there was always a team member to hand to offer translation. In some ways, this also helped me to improve my communication because I had to find other ways of expressing myself, for example, using hand gestures and diagrams. The teams that I spent time with were also very friendly and always willing to explain things to me which I found really enhanced my

experience of being in the hospital. I spoke to many female trainees about the career path in Malaysia for women wanting to specialise in obstetrics and gynaecology and gained some useful insight into future career plans. My time in the emergency department was equally as insightful. It was incredibly busy with staff always rushing around due to the large number of patients that would often be queuing outside the department by the time I got there at 9am in the morning. However, I received a lot of teaching and feedback and got to observe numerous procedures including ABG's, cannulae and chest drains, all of which contributed towards my professional development.

Outside of the hospital experience, Kuala Lumpur is a beautiful city with an incredible cuisine and lots of things to do. The people I encountered along the way were always very friendly and welcoming and I learnt a lot about their fascinating culture. I had an incredibly enjoyable elective experience in Malaysia and I would definitely recommend Hospital Kuala Lumpur to future students.