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GENERAL MEDICINE

Elective Report – Hospital Kuala Lumpur

I had the opportunity of travelling to Malaysia for my elective period. I was placed on the internal medicine ward of HKL (Hospital Kuala Lumpur), a ward that would be regarded as the general medical ward of any UK hospital. HKL is placed at the heart of Kuala Lumpur city.

HKL is the largest hospital under the ministry of health of Malaysia. It is considered to be one of the largest hospitals in Asia with 27 different clinical departments. It consists of 83 wards housing altogether 2302 beds. It employs 7000 members of staff with 10% consisting of doctors at their various levels of training ranging from house officers to consultant.

My initial impression of HKL was that of a very large and busy city hospital which from the courtyard appeared to be very modernised. Based on what I had witnessed of Kuala Lumpur in the few days that I had been there I expected it to be very modern with state of the art facilities.

Kuala Lumpur appeared to be a very modernised city, not dissimilar to London. However I was very surprised at how un-modern the hospital was on the inside.

The ward to which I was assigned to was huge rectangular hall with approximately 50 beds. The beds were all within close proximity of each other. Barriers that were approximately chest height separated the bays. These features created an environment of very little privacy between patients and ample opportunity for infectious diseases to spread. The lack of air conditioning was also quite shocking given the hot and humid climate of Malaysia and the high prevalence of A/C within the city.

The ward appeared to be well staffed with a house officer assigned to each of the bays with a registrar supervising the entire ward. The consultant would come in once a week for a ward round. There were also a large number of nurses available, which meant patients always had a member of medical or nursing staff available to attend to their medical needs. However, I did feel that the doctors were somewhat frustrated with the nursing staff due to their apparent lack of initiative in certain medical needs. This, our supervisor related, was mostly due to the lack of training facilities available in Malaysia.

The house-officers were very much at the heart of making decisions when senior medical staff were not on hand to help. This also led to junior doctors taking on a lot more practical procedures without the same supervision that they may have received in the UK. For example, a house officer with only a senior house officer present carried out a chest drain insertion into a patient who had pneumonia complicated by pleural effusion. This is something, which would be completely unheard of in the UK. There would at least be a registrar available to supervise the procedure to ensure the patient received the best possible care.

The team I was with appeared very difficult at first to engage with. This may be due to the fact that they were not informed of our attendance by administrative staff. Also, they were very busy with ward tasks. This is not dissimilar to my experiences in the UK. There have been several placements where engaging with

the doctors initially proved to be of some difficulty. However, once we had introduced ourselves and made 'first-contact' with all the members of the team they were quite friendly and very approachable. Our supervisor had been trained in the UK up until registrar level. He was very cynical about the medical training of Malaysia and the system as a whole in Malaysia.

The health system of Malaysia consists of two parts, private and public. The total expenditure on the public health system is 4% of the government budget. A measly amount when compared with the UK's 20%. There are charges incurred to patients for medications and additional health services, which are not within the governments funding. The charges all covered through health insurance for those who are able to afford it.

The lack of funding is evident within the hospital with the lack of facilities, the long waiting lists for clinics and surgical procedures. Contrasting this with the private healthcare system, which is immensely developed, and with the latest technological equipment and the best doctors available. This is mainly thanks to the private funding available and the ability for the richest clients to be able to pay for these services.

This ultimatelycreates a grave inequality in the level of health care received between the poorest and richest people. Thus the conditions that present to public hospitals present at the latest stages of their courses. With a pneumonia presenting when it has become complicated by a pleural effusion. Asthmatic patients only presenting when significant limitations have been noted on patient's activities of daily living. Contrasting this with the UK, where these diseases are rarely seen in the severest forms.

Another problem that is common in Malaysia is the shortage of doctors. Not uncommon in this region of the world. The relatively low wages in the public sector leads many doctors to work in the private sector where the wage to workload ratio is much higher. The government has made it compulsory for all doctors to work in the public sector for the first four years following qualification in an attempt to reduce this problem.

The private health sector of Malaysia is not as tightly regulated as the UK, leading to many unethical practices such as the carrying out of unnecessary investigations and the prescription of unnecessary medications in order to make money, sadly.

The lack of funding also leads to the best hospitals being in the major city areas and the rural areas receiving poorest provision of healthcare. There are efforts by the government to ensure fair provision between urban and rural areas.

Infectious tropical diseases were a lot more common in Malaysia. With TB, dengue fever, typhoid and malaria being very common presentations to the hospital. This was not surprising considering the tropical nature of Malaysia and the prevalence of the mosquito as a common vector for such diseases. However that lack of barrier nursing and isolation of the infective diseases was quite surprising and disturbing. Our supervisor reported this as a result of poor funding available to the hospital. In comparison, UK hospitals have much greater

provision to prevent cross-infection between patients and various methods of barrier nursing. The lack of education did not seem to be the case, as all medical staff were very aware of the issue at hand. Posters of hand-washing were also widely common through out the hospital at sink basins. However, hand-sanitizing alcohol was not as freely available as would be expected in the UK.

Communication was not as difficult in the Malaysian hospital as one would envisage. Malaysia being part of the commonwealth and previous British colony has English as a second language.

The experience as a whole was truly eye opening with many different diseases encountered and many different approaches to the provisions of healthcare. It has made me greatly appreciate the UK based health system and value what we already have in place. Even with money, the lack of regulation leaves the private health sector room for improvement.