

Elective Report

Clinical experience and What I have gained?

I was placed at a Paediatric ward and was exposed to many conditions. We also had the opportunity to work in Accident and Emergency where we were exposed to even more common conditions. I was able to carry out histories which I had learnt in the last two years. I was able to use the knowledge I gained in fourth year for the Paediatric side of the placement. In the Accident and Emergency I was able to help with the ABGs and the cannulae. As their equipment was slightly different the doctors there were very helpful and showed me the techniques they used for these procedures.

Doctors in Malaysia were able to communicate extremely well and their level of English was excellent. They were able to teach us about various conditions and explain how they carried out various tasks in the hospital. The staff are very patient centred and I found that I was able to adapt my knowledge in a foreign country.

I spent my time attending ward rounds, clinics, but mainly shadowing the junior house officers. I was allowed to clerk patients and then discuss management options with the doctors, and observe them in theatres, and on the ward carrying out bedside procedures. I believe this experience has helped me expand on my communication skills, especially when there are language barriers. It has also broadened my knowledge on infectious diseases. I observed the interactions between the doctors, patients and nurses, and saw how they worked effectively as a team. I was also allowed to practice my presenting skills, and was observed carrying out examinations. The feedback given by the doctors was always helpful and I have taken on their advice in hope to improve my clinical practice.

I was surprised by the difference in the work carried out by the house officers in Malaysia compared to those in the UK. They were expected to carry out more complicated procedures; for example, chest drains, central lines, and even perform appendectomies! They also did considerably less paperwork than UK house officers. They were extremely overworked and would be expected to be on call one in three days. This made me feel lucky that we have a system in place, which allows you to work only a certain number of hours.

What are the prevalent diseases in Malaysia and how do they differ from 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 Thalassemia.²

The UK is similar to Malaysia in the fact that cardiovascular disease is the most common cause of death. In the year 2008, 16% of death in males and 13% of death in females were due to ischaemic

Heart Disease.³ The high rates of cardiovascular disease are mainly due to the increase in the prevalence of risk factors such as cigarette smoking, hypertension, diabetes and obesity.

The conditions I was exposed to whilst on my elective were broadly similar to those I would have seen in the UK. For example, in A and E I have seen many cases of stroke, myocardial infarction, pneumonia and road traffic accidents. However, the main difference in the diseases seen in Malaysia was that I saw large numbers of tropical infectious diseases, especially Dengue Fever.

Being a student at Bart's has also allowed me to see many cases of hepatitis B, AIDS and Thalassaemia, which were also quite common in Malaysia. Had I been studying in another part of the UK I would probably have not seen as many of these cases already.

I was placed in the Paediatric Respiratory ward therefore I was exposed to conditions such as asthma and pneumonia. I interestingly found out that the pollution in Malaysia is a big cause in these conditions. I saw that the technique used to treat such conditions were very similar and the facilities that was available there was very similar to what is in the UK.

Communicable diseases characteristic of those in undeveloped countries still remain a major problem in Malaysia. The three commonest are cholera, typhoid, and hepatitis.² Public apathy towards personal hygiene and a low level of health education are the major contributing factors. Meningitis still carries a high mortality of about 20% and contributes to approximately 2% of the paediatric admissions in certain hospitals.³ ⁴ Streptococcal infections and their sequelae remain a threat. In a survey of consecutive patients seen in a paediatric cardiology clinic in a large city in Peninsular Malaysia, rheumatic heart disease constituted 11.2% of the total 250 patients.⁵ A teaching hospital on the north east coast of Peninsular Malaysia reported 220 children admitted with poststreptococcal glomerulonephritis over one year period from April 1986 to March 1987.⁶ It is encouraging to report that rapid and reliable diagnostic tools for the diagnosis of a number of infectious diseases, for example, typhoid and dengue, have been developed by Malaysians.

How is the healthcare system organised in Malaysia? How does this differ from the UK?

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.

The public hospitals in Malaysia are; either general hospitals, district hospitals or special medical institutions. There is a general hospital in each of Malaysia's sixteen state capitals, which has an average of 600 to 700 beds each. These general hospitals provide specialized medical care. The district hospitals are smaller and provide more basic medical care.

The Ministry of Health provides free health services to civil servants, pensioners and the needy. More and more Malaysians opt for public health care, as private insurance is very expensive. This has led to overcrowded hospitals, long waiting lists and a lot of pressure on doctors.

The private sector in Malaysia is rapidly growing, and it works on a fee for services provided basis. The private hospitals account for 20 percent of Malaysia's hospital beds, but they employ about 54 percent of the doctors in Malaysia. This is probably due to the fact that the private sector offers

higher salaries and more acceptable working conditions to doctors. Therefore to ensure that there are enough doctors to provide adequate healthcare in the public hospitals throughout the nation, doctors are required to perform a compulsory three years of service in a public hospital.

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.

In the UK the first point of contact for non-emergency cases is a general practitioner (GP). These doctors are very much involved with the long-term management of their patients. There are also nurses working alongside the doctors in the GP practice. All citizens are able to register with the local GP practice. There is a similar primary healthcare system in Malaysia, where GP's are commonly known as family doctors.

The Malaysian government puts 5% of the social sector development budget into public healthcare. This shows us that the expansion and development of healthcare is important to them, as this amount is 47% more than the previous figure they would spend on healthcare. The changes made on the healthcare system in Malaysia have proven to be very effective as the life expectancy recorded for those born in 2005 is 74 years.

There have been changes made in the buildings of hospitals with a lot of refurbishing work, and a very good cleaning policy. The KL hospital was spotless, something which I was quite surprised to see. The government has made an effort to improve the training of medical students (they even pay for them to study abroad, and then come back to Malaysia to practice) and they have also made provisions for hospitals to be better equipped and have developed polyclinics.

However, there is still a significant shortage in the medical workforce and of highly trained specialists, therefore certain treatments are available only in large cities. The majority of private hospitals are in urban areas, and are usually equipped with the latest diagnostic and imaging facilities.

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.

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