

SSC5c: Elective Report
Hospital Kuala Lumpur; Malaysia
Accident and Emergency

- 1. What are the common presentations in accident and emergency (A&E) in Malaysia? How do these differ to the UK? Why do you think such differences/similarities exist?**
- 2. What emergency services are available in Malaysia? How is the A&E department organised? How is emergency care delivered? How does this differ to the UK?**
- 3. Understand and appreciate how culture has influenced health beliefs in Malaysia.**
- 4. How has your time on elective in Malaysia impacted on your personal/professional development? What have you learnt?**

I spent my medical elective in the capital city of Malaysia- Kuala Lumpur. I was placed in the Accident and Emergency department of Hospital Kuala Lumpur, a large government led teaching hospital in the heart of the city. I chose to do my elective here after hearing excellent feedback from colleagues who had carried out their elective there previously.

The A&E department at the hospital is extremely busy. I was able to observe this even as I first stepped into the department; it was quite a hectic atmosphere with doctors and nurses at work in almost every bay. I was not surprised by this as I knew it was one of the largest government led hospitals in Asia. There are a large number of patients being attended to and an even larger number waiting to be seen.

After spending time on the A&E department seeing patients and speaking to the staff, I began to discover the common presentations that arise amongst the patients. I was quite surprised to see how the presentations to A&E were similar to the UK- many patients presented with diseases of the western world such as MI, heart failure, respiratory tract infections, COPD, trauma, and hypoglycaemic fits. The A&E registrar I shadowed also explained that dengue fever is a common presentation in Kuala Lumpur, much more so than malaria. However, I was not able to observe any cases of dengue fever.

While staying in Malaysia I have been able to observe that there are many fast food outlets easily accessible to people, and it has been a slight struggle sometimes to find somewhere to eat healthy food. Kuala Lumpur is also a well developed busy city similar to western countries, with good transport links and the use of cars and taxis everywhere, meaning people may walk and exercise less. This may explain why the conditions patients present with are very similar to the UK.

The government's Ministry of Health is mainly responsible for the healthcare in Malaysia, providing a universal healthcare system comprising of primary, secondary and tertiary care. There is also a co-existing private healthcare system. The government healthcare is available for those who cannot afford private healthcare, although patients still have to pay a minimal sum in order to be treated.

With regards to the A&E department specifically, patients have to pay a small amount at the front desk where the services are divided into acute emergency medical care, support services, and medico-legal services. Patients requiring emergency medical care are further divided into either the non-critical zone, the semi-critical zone, or the critical zone depending on their presentation. Each of these zones have colour co-ordinated walls of green, yellow, and red respectively, and priority is given to critical cases. Patients can also be managed according to their specific need, for example in the asthma bay for light asthma attacks, or in the one stop crises centre for cases such as rape.

The wards in the A&E department consist of the observation ward for patients with light head injury (provided for a maximum of 24 hours), intermediate care for patients requiring specific services such as ENT and orthopaedics, and the resuscitation ward for critical patients requiring intensive care.

The A&E registrar I was shadowing also explained that patients have to pay if they require further investigations such as x-rays and scans. It was extremely interesting to learn about the healthcare and A&E system in Hospital Kuala Lumpur and compare it to the NHS in the UK.

During my time on A&E, it was difficult to speak to patients regarding their health beliefs as the majority of the patients do not speak English. I was able to see that many patients arrived to the emergency department with problems that were not very serious at all and could be managed by going to the primary care services in Malaysia which are polyclinics (as opposed to GP services in the UK). The registrar explained that this is because the patients believe they will be attended to better in hospital where a wide variety of investigations are open to them. He explained that health promotion and education in Malaysia is very poor, and therefore patients do not understand fully the appropriate options available to them.

Throughout my time in Malaysia I have discovered that there are more similarities between the UK and Malaysia than I expected, in terms of the conditions patients present with and the way patients are managed. I have realised that myself and patients in the UK can take the NHS for granted, as we do not have to pay upfront for our healthcare. However, the healthcare in this country is more tailored towards the patients' own choice as to what investigations and treatment they would like to pay for, which is something that is only available via private healthcare in the UK. I was able to observe the lack of education amongst the Malaysian patients as they presented with minor conditions to the emergency department and expected immediate treatment. This is something that the doctors and nurses at the hospital agree needs work amongst the Malaysian population. Despite this, I feel that the A&E service in Hospital Kuala Lumpur is extremely efficient as they manage to see and treat a high turnover of patients in a very organised manner, and the department is very well staffed with many doctors and nurses.

My experience at Hospital Kuala Lumpur has been very educational and interesting. I have very much enjoyed observing a different healthcare system than the UK and it is an experience I will not forget. I learnt that education and communication between healthcare providers and patients is essential in all settings. Communication proved to be a problem when talking to patients but all patient notes were written in English, which was helpful. I saw many of the same conditions as in the UK which helped to re-inforce my knowledge. I would highly recommend this elective to other final year students in the future.