ACCIDENT + EMERGENCY

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Elective Report 2013

Hospital Kuala Lumpur, Malaysia

I decided to undertake my medical elective at Hospital Kuala Lumpur (HKL), Malaysia. Former medical students who had visited HKL in previous years highly recommended Malaysia for various reasons. They described it as a safe, welcoming hospital where Drs are able to speak English, aiding the learning process. Also, it is a hospital that encompasses a healthcare system which is developed well (somewhat like the UK), yet includes other aspects which mimic healthcare in less developed countries. Having visited a hospital in a developing country already (Pakistan), I thought it would be beneficial to see how a country which lies somewhere in between the UK and Pakistan operates.

I chose the main hospital in Kuala Lumpur not only because it is the largest hospital in the country, but it is one of the biggest hospitals in Asia. It consists of 83 different wards and is located in the capital city of Malaysia, also a popular tourist site. I felt comfortable going to a busy city and thought that a large city-based hospital will enable me exposure to a wide array of conditions that are common in the Malaysian population.

What are the common presentations in accident and emergency (A&E) in Malaysia? How do these differ to the UK?

Whilst on the wards, I noticed that that there was *little* difference in the conditions that came through the Emergency Department (ED). Common conditions encountered were:

- Cardiac diseases such as Myocardial Infarction and Heart Failure
- Respiratory diseases such as Asthma and COPD exacerbation
- Diabetes complications
- Trauma

The list above is no different to common presentations at A&E in the UK.

The ED houseman at HKL mentioned how patients present in rather advanced stages of their disease. This may be because they are unaware of the earlier signs and symptoms of disease or may even be due to them normalising and thus ignoring their symptoms. He felt that their was a lack of public education about recognising symptoms of disease and insufficient campaigns encouraging people to be healthy or even seek help early in disease

I also learnt that dengue fever and TB were also common. Whilst Tuberculosis, a prevalent disease in East London, is covered extensively at Barts' Curriculum, little is taught about Dengue fever. Although I had heard of it being common in Pakistan, I knew very little about dengue fever and so I decided to do some reading about it and how it is managed.

I also noticed a poster on Organophosphate poisoning (OPP) in the "semi-critical zone" of the ED. On questioning one of the Drs, I learnt that it is a common cause of poisoning worldwide and is the second most common cause of poisoning cases that present here in HKL, preceded by Acetominophen overdose.

How is the A&E department organised? How is emergency care delivered? How does this differ to the UK?

For my elective, I was placed in the emergency department. I was happy with this because I am not sure as to what speciality I wish to pursue in the future and thus wanted a general medical rotation for my elective.

Like the UK, Malaysia has two co-existent healthcare services, one provided by the government and the other which is private care. Although the government pays for the healthcare, the population is expected to pay a very small negligible fee to be seen, which is affordable for most, if not all people.

Having spoken to Drs that work in the ED and having read about Malaysian healthcare, I have discovered that there emergency care is organised in a similar manner to ours in the UK. Patients can self-refer to ED or be referred by outpatient or community care teams. On arrival, they are triaged into categories based on

- Severity of their presenting complaint i.e. non-critical (green zone), semi-critical (yellow zone) or critical (red zone)
- Type of illness i.e. medical, trauma, other (domestic or child abuse etc.)

This process of primary triage often includes a Dr, so he/she can 'see and treat' any minor problems there and then.

The patient is then taken to their respective zone where secondary triage also known as surveillance triage is done. This involves checking vitals, managing pain and immobilisation.

When patients are stable, they may be kept on the observation ward (equivalent to the MAU in the UK) if they are ready to go home or kept on the intermediate care ward if they require input from specialist teams.

A key difference that struck me was the presence of an Asthma bay. This was a separate small bay dedicated to the management of mild asthma. It is something we do not have in the UK but I think is a useful thing, especially in a population where asthma exacerbation is common. The bay has oxygen cylinders, nebulisers, other specialist equipment needed to manage these cases efficiently, and dedicated and highly-skilled specialist asthma nurses.

I also liked the fact that there was a 'one-stop crisis service' for abuse victims. There was a little comforting room in the hospital solely for these victims. This private room is where relevant healthcare specialists would come to visit the victim, as opposed to seeing them in the more

public emergency wards or having to keep transferring them to various places within the hospital. It enables victims some privacy keeping their situation confidential from others.

Understand and appreciate how culture has influenced health beliefs in Malaysia.
The ED registrar mentioned that there are community clinics set-up in each area which has a family physician, equivalent to the GPs in the UK. Those suffering with minor ailments are expected to seek help at their local primary health clinic before presenting to ED. However many people bypass this and offload onto their local hospital's ED. He was rather frustrated by this and explained that it was because of their beliefs that treatment is better in hospital.

This is a common belief; certainly one that I saw in Pakistan too. People often did not visit local clinics and travelled for miles to get to a hospital, only to be given the same treatment they would have received locally. The only difference between the two being the longer waiting time and pricier costs at hospital. I think it is the idea of having lots of Drs available and resources close by which seems reassuring.

I also found that the Malalysian population take more of a back-role when it comes to their care in comparison to their British counterparts. In the UK, the healthcare is constantly emphasising the importance of giving patients more right over their health and a greater input into decision-making. However, in Malaysia, this is not the case and it seems that the weight of the decision lies mainly with the Dr. Patients do not ask too many questions and are very agreeable.

How has your time on elective in Malaysia impacted on your personal/professional development? What have you learnt?
Overall, I have learnt to appreciate the NHS. Our hospitals in the UK are less crowded, and both the weather and work conditions make it more pleasant to work in than in Malaysia. I admire how hard the housemen work here, equipped with fewer resources. I feel they rely more heavily on their ability to take good history and thorough examination to aid in diagnosis, whilst in the UK, a lot of emphasis is put on 'doing the tests.' We have a more retrospective approach.

I have also learnt to value how patients in the UK are able to make a big contribution in their own care, something which lacked in Malaysia. This is something that many people do not appreciate enough.

In conclusion, I feel I have learnt about about how the healthcare system roughly operates in Malaysia and had an opportunity to observe the day-to-day running of the hustle of the ED. I have become familiar with similarities and differences between here and the UK and am glad to have had such a learning experience.