

ACCIDENT  
+ EMERGENCY

## Elective report

Hospital Kuala Lumpur, Malaysia

### Objectives:

1. What are the common A&E and orthopaedic presentations and how do these differ to the UK?
2. What is the pattern of health provision in Malaysia compared with the UK/NHS?
3. How does the MDT function in comparison to a typical team in the UK?
4. What did you learn from this experience and how will it affect your future career?

Hospital Kuala Lumpur (HKL) is the largest hospital under the ministry of health in Malaysia and also considered one of the largest in Asia. It functions as a government tertiary referral hospital and includes 49 departments, 83 wards and 2302 beds. I undertook an elective split between accident and emergency and orthopaedics in order to increase my exposure to these fields and understand the differences between Malaysia and the UK.

The first patient I saw was a middle-aged man who had been involved in a road-traffic accident (RTA). This was a typical case in Malaysia where the incidence of RTAs is particularly high and the fourth most common cause of death (preceded by heart disease, stroke and pneumonia). 8% of the total deaths in Malaysia are caused by RTAs compared with 0.5% in the UK and this is possibly due to a much less regulated road traffic system and the commonplace of motorbikes in the city. Coincidentally the next patient I came across was a rapidly deteriorating case of acute coronary syndrome, which is shared by Malaysia and the UK as the most common cause of death. The remaining patterns of disease I witnessed however were different to my experiences in the UK with more frequent occurrences of acute complications of chronic diseases and the general presenting age group being younger than in the UK.

Delivery of health care in Malaysia involves a dual system of public and private health services. Public health services are heavily subsidized however not to the degree of the NHS in the UK. An open door policy is practiced in regards to general admissions however private health services complement the government-subsidized services rather than act as a complete alternative (as is mostly the case in the UK). There is a total of 218 private hospitals in Malaysia (with around 10,500 beds) compared with 102 government or ministry of health hospitals (containing around 30,000 beds). A nominal fee is required for A&E attending (RM 1, roughly 0.25 GBP).

The internal functioning of the hospital is very similar to the UK. In A&E patients are triaged according to their needs and the MDT is structured in a similar fashion with house officers

and consultants and the pattern of shift work. Over the weeks I spent at the department I found the house officers to be very similar in attitude to the UK as a result of facing similar problems such as workload.

Reflecting on my elective at HKL I arrived with quite low expectations of the healthcare facilities here. Being a developing country I imagined a much lower standard of healthcare provision. It is clear that Kuala Lumpur is however a very highly developed area of the country and it follows that healthcare services are up to the same standard. Based on word of mouth and general research it is however also clear that there are areas of the country which are highly underdeveloped and it would have been interesting to visit these areas. In terms of my first-hand hospital experience I noticed a difference in the amount of hands-on practical experience the junior doctors received and were expected of, and undoubtedly this will allow them to be more experienced doctors although possibly at the expense of patient care. I aim to make the most of any practical opportunities I come across during my foundation years as a result of this.

My experience overall has also sparked an interest in working abroad as I feel this can play a significant role in how well-rounded a doctor can be, which is something I am thoughtfully considering for the future.