

## Elective Report

**Hospital:** Sarawak General Hospital, Kuching, Borneo Islands, Malaysia

**Dates:** 22/04/13 – 24/05/13

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### Objectives

1. What are the common conditions encountered in general medical wards in Malaysia and how are they different to those encountered in the UK wards?
2. How is hospital-based general medical healthcare provided to the Malaysian population and how is this different to healthcare provisions in the UK?
3. What are the common infectious diseases affecting the Malaysian population?
4. To improve my communication skills, especially in situations where a language barrier is present  
To improve my history-taking and examination skills

### Report

My five week elective placement was undertaken in the general medical ward at Sarawak General Hospital (SGH) in Kuching, Malaysia. Malaysia is a country in Southeast Asia that is made up of a peninsular island, the northern region of the Borneo islands and multiple surrounding smaller islands. Kuching is the capital city of the state of Sarawak, which is one of two Malaysian states on the island of Borneo.

Kuching is made up of heavily built up areas encompassed by vast quantities of well preserved natural forestry. It is home to approximately 700000 people with a multiracial population consisting mainly of people of Chinese, Malay and Indian origin, with a majority Muslim population.

Malaysia is a politically and financially stable country. The socioeconomic statuses of the Malaysians living in Sarawak vary a great deal and this economic divide is comprehensible through the lifestyle of the residents. Though the income of Malaysians vary, the incidence of poverty in Malaysia is under 6%. I chose to undertake my elective at SGH in order to experience the provision of healthcare to such a vastly diverse community.

With over 700 inpatient beds, SGH is the largest government hospital in Sarawak. It offers a number of different healthcare services and serves a large population. Though the hospital is city-based, clinics and medical camps are conducted on a regular basis in more rural and isolated areas reached by cars and boats, offering medical assistance to those living in areas from which SGH is harder to reach. The Malaysian Ministry of Health is responsible for the provision of government medical healthcare services and the overseeing of medical training.

The common conditions affecting the Malaysian population are very similar to the contributors to the burden of disease of other developed countries. The most common non-communicable conditions affecting the patients at SGH were ischaemic heart disease, cerebrovascular disease and cancers. The incidence of lung cancer is increasing due to the high incidence of tobacco use.

Throughout my time at SGH, I noted that many of the older patients were admitted with urinary tract infections and pneumonia. The patients at SGH had similar co-morbidities to patients in the UK, with conditions such as hypertension, hypercholesterolemia and diabetes being very common.

The disease pattern in Kuching is very similar to that associated with Western countries. The management of most common conditions were very similar to the management in the UK, however

due to the vast nature of Sarawak, many patients had to travel long distances to visit the hospital and therefore often presented at later stages with more complications.

The disease patterns in Sarawak vary depending on the socioeconomic status and living conditions of the patients. Sarawak still has a large population of residents living in rural regions. These rural areas have a higher prevalence of infections and diseases related to poor sanitation and unclean water.

Accessing healthcare in Kuching is very similar to accessing healthcare in the UK. The government healthcare system is heavily subsidised by the Malaysian government. The infrastructure of healthcare is also similar to that of the UK. Malaysian residents have a designated general practitioner (GP). The GP is usually the first port of call when seeking medical advice and is the doctor who oversees the long term management of the patient and ensures referral to the correct specialist services. The GP is vital in corresponding with specialist services to ensure that continued management is undertaken.

Malaysian residents seeking medical care attend a government polyclinic to see a doctor. The doctor will then treat the patient as needed or will refer the patient to a specialist service in a hospital such as SGH. The patient will then receive immediate and continued care from SGH based on an outpatient follow up system.

Unlike in the UK, patients accessing government healthcare services in Malaysia are required to pay a small amount to cover healthcare costs. This small charge covers the cost of the consultation with a doctor, any referrals made and obtaining any prescribed medications needed. Small surcharges are applied if further investigations, such as imaging needs to be undertaken. The further charges are applied by the hospital, however most hospitals are lenient with patients who are unable to pay the fees. Patients who can not afford the treatment costs are referred to the medical social worker to be assessed and genuine cases are charged the minimum amount that they are able to pay.

Kuching has similar emergency services to the UK, which utilise an emergency telephone number and an ambulance service escort to the hospital in emergency situations. Emergency life-saving treatment is provided free of charge at SGH and other government hospitals.

Access to medications also differs slightly in Kuching. More medications are available to buy over the counter and Pharmacists in Kuching play a greater role in providing healthcare than in the UK. Malaysian pharmacists are able to provide medications such as antibiotics and steroids to patients without a prescription.

Malaysian residents who live in rural and remote areas of Sarawak have more difficulty accessing healthcare due to the poor quality or complete absence of roads and transport links. They are served by rural clinics and medical camps where doctors from SGH travel to these areas on a monthly basis to provide medical care to those who may be unable to travel to SGH.

Medical care in Kuching can also be accessed via the private, non-government system. This is very similar to the UK private medical care system, wherein patients pay greater fees to access doctors and pay the full price of all investigations undertaken, hospital accommodation or resources used and medications prescribed.

The Malaysian Ministry of Health are working to enhance the delivery and quality of government medical care and to reduce the burden of communicable and non-communicable diseases.

The poorer residents and those living in rural areas have a higher risk of communicable diseases. These residents are most at risk of food and waterborne diseases such as cholera, typhoid and food



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poisoning. However infection rates have declined with improved sanitation and better access to clean water.

The most common infections affecting the population of Kuching are Dengue fever, which is transmitted by *Aedes* mosquitoes, Yellow fever, TB, and Hand, foot and mouth disease. Successful malaria eradication programmes have led to a decline in the incidence of malaria in Kuching, although there remain high risk regions in other parts of east Malaysia. Sexually transmitted diseases such as HIV/AIDS and gonococcal infections are also prevalent in Kuching. These infections, as well as many others, are notifiable diseases in Sarawak.

My time in SGH was extremely enjoyable. I gained a great deal of knowledge and understanding of healthcare in Kuching, its provisions and the healthcare beliefs of the residents. I greatly improved my communications skills and had many opportunities to enhance my history-taking and clinical examination skills. SGH serves a large, varied population and my time at SGH allowed me to experience medicine in a completely new setting. It was an amazing experience.

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